

Idaho Commission on Aging (ICOA) Program Manual

April 30,

2012

IC 67-5001. CREATION OF COMMISSION ON AGING -- COMPOSITION -- APPOINTMENT. There is hereby established in the executive office of the governor the Idaho commission on aging, hereafter referred to as the "commission," which shall have the duties, powers, and authorities as provided in this act.

IC 67-5005. LEGISLATIVE INTENT. The legislature hereby finds and recognizes the need to provide basic necessities to its older people in their later years and particularly in providing efficient community services, including access transportation, adequate nutrition, in-home services, and adult day care, designed to permit its older people to remain independent and to be able to avoid institutionalization; and that these services be provided in a coordinated manner and be readily available when needed and accessible to all older people.

This act shall be known as the "Idaho Senior Services Act." (SS Act).

IC 67-5003(4). POWERS AND DUTIES OF COMMISSION. Enter into funding agreements as grants and contracts within the limits of appropriated funds to carry out programs and services for older Idahoans;

IC 67-5007. GRANTS TO AND CONTRACTS WITH LOCAL AREA AGENCIES. The commission shall, based on the recommendations of the local area councils on aging, enter into funding agreements as grants or contracts with designated local area agencies, as provided by the Older Americans Act of 1965, as amended, for the purpose of the agencies issuing contracts at the local level to provide the services listed in section [67-5008](#), Idaho Code. Such grants or contracts shall be subject to performance and financial audit by the agency in conformance with state practices and statutes.

Preface

This Idaho Commission on Aging's (ICOA) Program Manual provides official regulations for the operation of all Senior Services Act (SSA) and Administration on Aging (AoA) funded programs.

This manual is effective **April 30, 2012** and supersedes any prior editions, policies, guidance, forms or reports. In case of any discrepancy in this manual and attachments, ICOA should be consulted for clarification/correction.

This manual is subject to change as additional information and /or regulations and guidance are received from the Health and Human Services/Administration on Aging or the Idaho Code or the Idaho Administrative Procedures Act (IDAPA).

This Program Manual and all updates will be posted on the ICOA's website at <http://www.aging.idaho.gov>
The Program Manual will be reviewed/updated semi-annually.

Civil Rights: All AAAs and contractors must comply with the following Civil Rights requirements listed in IDAPA (15.01.20.057)

"Neither the AAAs nor their providers shall violate any state or federal law regarding civil rights and shall provide all services and functions funded by the ICOA, affected by rule of the ICOA or provided for by contract with the ICOA without discrimination on the basis of race, color, national origin, age, gender, physical or mental impairment, or on any other basis prohibited by law. (7-1-98)"

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CHAPTER 1: STATE AND FEDERAL RESOURCES

- 1.1. **STATE AUTHORIZATION AND STATUTORY REQUIREMENTS.** This Program Manual is based on the following Idaho Code (IC) and Idaho Administrative Procedures Act rules (IDAPA): Note, the web-links below are current as of April 30, 2012, but are subject to change. Updates will be incorporated in the ICOA Program Manual that can be accessed online through the ICOA's Aging and Disability Resource Center website: <http://www.aging.idaho.gov/about/documents.html>

1. **IC Title 67 State Government and State Affairs, Chapter 50 Commission on Aging**

<http://legislature.idaho.gov/idstat/Title67/T67CH50.htm>

- A. [67-5001 Creation of Commission on Aging -- Composition -- Appointment](#)
- B. [67-5002 Organization -- Meeting -- Quorum -- Compensation -- Expenses](#)
- C. [67-5003 Powers and Duties of Commission](#)
- D. [67-5004 Administrator -- Appointment and Term](#)
- E. [67-5005 Legislative Intent](#)
- F. [67-5006 Definitions](#)
- G. [67-5007 Grants to and Contracts with Local Area Agencies](#)
- H. [67-5008 Programs for Older Persons](#)
- I. [67-5009 Office of Ombudsman for the Elderly](#)
- J. [67-5010 Grants or Contracts for Demonstration Projects](#)
- K. [67-5011 Adult Protection Services](#)

2. **IC Title 39 Health and Safety, Chapter 53 Adult Abuse, Neglect and Exploitation Act**

<http://legislature.idaho.gov/idstat/Title39/T39CH53.htm>

- A. [39-5301 Short Title](#)
- B. [39-5301A Declaration of Policy](#)
- C. [39-5302 Definitions](#)
- D. [39-5303 Duty to Report Cases of Abuse, Neglect or Exploitation of Vulnerable Adults](#)
- E. [39-5303A Exemption from Duty to Report -- Limited Application of Exemption](#)
- F. [39-5304 Reporting Requirements, Investigation, Emergency Access](#)
- G. [39-5305 Inspections -- Right of Entry](#)
- H. [39-5306 Supportive Services and Disclosure](#)
- I. [39-5307 Access to Records](#)
- J. [39-5308 Interagency Cooperation](#)
- K. [39-5309 Coordination of Services](#)
- L. [39-5310 Report to Law Enforcement -- Prosecution](#)
- M. [39-5311 Effect of Actions Taken Pursuant to the Natural Death Act](#)
- N. [39-5312 Rules](#)

3. **IC Title 39 Health and Safety, Chapter 16 Food Establishment Act**

<http://legislature.idaho.gov/idstat/Title39/T39CH16.htm>

4. **Rules: ICOA Idaho Administrative Procedures Act (IDAPA)**

<http://adminrules.idaho.gov/rules/current/15/index.html>

- A. [15.01.01, Rules Governing Senior Services Program](#)
- B. [15.01.02, Rules Governing Adult Protection Programs](#)
- C. [15.01.03, Rules Governing Ombudsman for the Elderly Program](#)
- D. [15.01.20, Rules Governing Area Agency on Aging \(AAA\) Operations](#)
- E. [15.01.21, Rules Governing Older Americans Act Services](#)

5. **Idaho Rules of Administrative Procedure of the Attorney General**

- A. <http://adminrules.idaho.gov/rules/current/04/1101.pdf>

6. **Rules: Department of Health and Welfare, Food Safety**

- A. <http://adminrules.idaho.gov/rules/current/16/index.html>
- B. **Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code) 16.02.19**
<http://adminrules.idaho.gov/rules/current/16/0219.pdf>

7. **IC Title 18: Crimes and Punishment, Chapter 15: Children and Vulnerable Adults**

<http://legislature.idaho.gov/idstat/Title18/T18CH15.htm>

- A. [18-1505 Abuse, Exploitation or Neglect of a Vulnerable Adult](#)
- B. [18-1505A Abandoning a Vulnerable Adult](#)
- C. [18-1505B Sexual Abuse and Exploitation of a Vulnerable Adult](#)

8. **Idaho State Purchasing**

- A. <http://purchasing.idaho.gov/>

1.2. **FEDERAL AUTHORIZATION AND STATUTORY REQUIREMENTS.** This Program Manual is based on the following Federal Act, Code, Title and Circular and reporting requirements:

1. **Older Americans Act (OAA) of 1965.** The Older Americans Act is referred by the abbreviation OAA, and was enacted as Public Law 89-73 on July 14, 1965.

- A. http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaa_full.asp

2. **42 U.S.C. Chapter 35 Programs for Older Americans**

- A. http://uscode.house.gov/download/title_42.shtml
- B. <http://www.law.cornell.edu/uscode/text/42/chapter-35>

3. **Title 45—Public Welfare, Code of Federal Regulations (CFR) Subtitle A—Department of Health and Human Services**

- A. http://www.access.gpo.gov/nara/cfr/waisidx_10/45cfrv1_10.html

The administrative requirements can be accessed from the following “Parts” of the CFR:

1. Part 74 Uniform administrative requirements for awards and subawards to institutions of higher education, hospitals, other nonprofit organizations and commercial organizations	2. Part 92 Uniform administrative requirements for grants and cooperative agreements to State, local and tribal governments
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4. **Office of Management and Budget Circulars**

- A. http://www.whitehouse.gov/omb/circulars_default

1. A-21 Cost Principles for Institutions of Higher Education	4. A-110 Grants and Agreements with Institutions of Higher Education, Hospitals and Other Nonprofit Organizations (for use by nonprofit grantees)
2. A-87 Cost Principles for State and Local Governments (for use by state and local governments)	5. A-122 Cost Principles for Nonprofit Organizations for use by nonprofit grantees
3. A-102 Property Management for State and Local Governments (for use by state and local governments)	6. A-128 Single Audit Act
	7. A-133 Audit Requirements; Non-Profit Organizations Receiving Federal Awards

5. **Administration on Aging (AoA) Reporting Requirements for National Aging Program Information System (NAPIS)**

- A. http://www.aoa.gov/AoARoot/Program_Results/docs/StateProgramReportForm053110.pdf

CHAPTER 2: DEFINITIONS

2.1. SOURCE OF DEFINITIONS.

1. Older Americans Act (OAA)
2. IC, Title 67, Chapter 50 and Title 39, Chapter 53
3. Idaho Administrative Procedures Act (IDAPA) (15)

2.2. DEFINITIONS.

1. **Abuse.** (OAA Section 102(a)(1))
 - A. Infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish;
 - B. Deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
2. **Abuse.** (IC 39-5302(1)) means the intentional or negligent infliction of physical pain, injury or mental injury.
3. **Access.** (IDAPA Ombudsman 15.01.03.010.01) Right to enter long-term care facility upon notification of person in charge. (7-1-98)
4. **Access Services.** (IDAPA 15.01.21.010.01) Transportation, Outreach, Information and Assistance and Case Management. (7-1-98)
5. **Act.** (IDAPA 15.01.01.010.01 & 15.01.20.010.01) The Idaho Senior Services Act (SS Act). Programs and services established in Sections 67-5001 et seq., Idaho Code. (3-20-04)
6. **Activities of Daily Living (ADL).** (IDAPA 15.01.01.010.02) Bathing, dressing, toileting, transferring, eating, walking. (7-1-98)
7. **Adult child with a disability.** (OAA Section 102(a)(3)) means a child who—
 - A. Is 18 years of age or older;
 - B. Is financially dependent on an older individual who is a parent of the child; and
 - C. Has a disability.
8. **Adult Day Care.** (IC 67-5006(5)) a structured day program which provides individually planned care, supervision, social interaction and supportive services for frail older persons in a protective setting, and provides relief and support for caregivers.
9. **Adult Day Care.** (IDAPA 15.01.01.010.03) A structured day program which provides individually planned care, supervision, social interaction, and supportive services for frail older persons in a protective group setting, and provides relief and support for caregivers. (7-1-98)
10. **Adult Protection (AP).** (IDAPA 15.01.02.010.01) Statutory protections safeguarding vulnerable adults through investigations of reports alleging abuse, neglect, self-neglect or exploitation, and arrangements for the provision of emergency or supportive services necessary to reduce or eliminate risk of harm. (7-1-98)
11. **AP Supervisor.** (IDAPA 15.01.02.010.02) AAA employee responsible for overseeing the provision of AP services. The Supervisor's duties include:

- A. the direct supervision of AP staff,
 - B. case assignments,
 - C. the monitoring of case loads and documentation,
 - D. and the maintenance of cooperative relationships with other agencies, organizations or groups serving vulnerable “at risk” populations.
 - E. The employee shall be a social worker licensed to practice in Idaho.(5-3-03)
12. **AP Worker.** (IDAPA 15.01.02.010.03) AAA employee providing AP services. The worker’s duties include:
- A. the investigation of AP reports,
 - B. client risk assessment ,
 - C. and the development of plans for protective actions, supportive services and/or law enforcement referral.
 - D. The employee shall be any one (1) of the following: (4-2-08)
 - 1. A social worker licensed to practice in Idaho; or (4-2-08)
 - 2. An individual with a Bachelor of Arts (BA) or Bachelor of Science (BS) in a human services field or equivalent and at least two (2) years’ experience in direct service delivery to vulnerable adults; or (4-2-08)
 - 3. An individual with an Associate of Arts (AA) or Associate of Science (AS) degree and at least two (2) years’ experience in law enforcement. (4-2-08)
13. **Advance Directive.** (IDAPA 15.01.01.010.05) A Living Will or Durable Power of Attorney for Healthcare executed under the Natural Death Act, Section 39-4501, Idaho Code. (5-3-03)
14. **Affected Parties.** (IDAPA Ombudsman 15.01.03.010.02) Long-term care facilities, state or county departments or agencies, or others against whom a complaint has been lodged.
15. **Aging and Disability Resource Center.** (IC 67-5006(8)) (OAA Section 102(a)(4)) means an entity established by a state as part of the state system of long-term care, to provide a coordinated system for providing:
- A. Comprehensive information on the full range of available public and private long-term care programs, options, service providers and resources within a community, including information on the availability of integrated long-term care;
 - B. Personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and
 - C. Consumers' access to the range of publicly supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.
16. **Aging Network.** (OAA Section 102(a)(5)) the network of—
- A. State agencies, area agencies on aging, title VI grantees, and the Administration; and
 - B. organizations that—
 - 1. are providers of direct services to older individuals; or
 - 2. are institutions of higher education; and
 - 3. receive funding under this Act.
17. **Aging Network.** (IDAPA 15.01.01.010.04) The ICOA, the AAAs, and other providers. (5-3-03)

18. **Area I.** Planning and service area made up of: Benewah, Boundary, Bonner, Kootenai, and Shoshone counties.
19. **Area II.** Planning and service area made up of: Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.
20. **Area III.** (IDAPA Ombudsman 15.01.03.010.03) Planning and service area made up of: Canyon, Valley, Boise, Gem, Elmore, Washington, Ada, Adams, Payette, and Owyhee counties. (7-1-98)
21. **Area IV.** Planning and service area made up of: Blaine, Camas, Cassis, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties.
22. **Area V.** Planning and service area made up of: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties.
23. **Area VI.** Planning and service area made up of: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties.
24. **Area Agency on Aging.** (OAA Section 102(a)(6)) an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).
25. **Area Agency on Aging (AAA).** (IDAPA 15.01.01.010.06 & 15.01.20.010.02) Separate organizational unit within a multipurpose agency which functions only for purposes of serving as the area agency on aging that plans, develops, and implements services for older persons within a planning and service area. (3-20-04)
26. **Area Plan.** (IDAPA 15.01.01.010.07 & 15.01.20.010.03) Plan describing aging programs and services which an AAA is required to submit to the Idaho Commission on Aging, in accordance with the OAA, in order to receive OAA funding. (3-20-04)
27. **Assessment Instrument.** (IDAPA 15.01.01.010.08) A comprehensive instrument utilizing uniform criteria to assess a client's needs. (5-3-03)
28. **Assistive (technology) device.** (OAA Section 102(a)(8)(B)) assistive technology, assistive technology device, and assistive technology service' have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).
29. **At Risk for Institutional Placement.** (OAA Section 102(a)(9)) with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.
30. **Board and Care Facility.** (OAA Section 102(a)(10)) an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).
31. **Caregiver.** (OAA Section 102(a)(18)(B)) means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

32. **Caretaker.** (IC 39-5302(2)) means any individual or institution that is responsible by relationship, contract, or court order to provide food, shelter or clothing, medical or other life-sustaining necessities to a vulnerable adult.
33. **Case Manager.** (IDAPA 15.01.01.010.09) A licensed social worker, licensed professional nurse (RN), or Certified Case Manager, or an individual with a BA or BS in a human services field or equivalent and at least one (1) year's experience in service delivery to the service population. (3-30-01)
34. **Case Management.** (IDAPA 15.01.01.010.10) Case management is a service provided to older individuals and disabled adults, at the direction of the individual or a family member of the individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs.
- A. Activities of case management include:
1. comprehensive assessment of the individual;
 2. development and implementation of a service plan with the individual to mobilize formal and informal resources and services;
 3. coordination and monitoring of formal and informal service delivery;
 4. and periodic reassessment. (3-30-01)
35. **Case Management Services.** (OAA Section 102(a)(11))
- A. A service provided to an older individual, at the direction of the older individual or a family member of the individual—
1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (2); and
 2. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and
- B. Includes services and coordination such as—
1. Comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
 2. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—
 - a. With any other plans that exist for various formal services, such as hospital discharge plans; and
 - b. With the information and assistance services provided under this Act;
 3. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 4. Periodic reassessment and revision of the status of the older individual with—
 - a. The older individual; or
 - b. If necessary, a primary caregiver or family member of the older individual
 5. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.
36. **Case Management Services.** (IC 67-5006(9))
- A. Means a service provided to an older individual at the direction of the older individual or a family member of the individual:

1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in section (2) of this subsection; and
 2. To assess the needs and to arrange, coordinate and monitor an optimum package of services to meet the needs of the older individual; and
- B. Includes services and coordination such as:
- a. Comprehensive assessment of the older individual, including the physical, psychological and social needs of the individual;
 - b. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services:
 - a. With any other plans that exist for various formal services such as hospital discharge plans; and
 - b. With the information and assistance services provided herein;
 - c. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 - d. Periodic reassessment and revision of the status of the older individual with:
 - a. The older individual; or
 - b. If necessary, a primary caregiver or family member of the older individual; and
 - e. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.
37. **Case Management Supervisor.** (IDAPA 15.01.01.010.11) An individual who has at least a BA or BS degree and is a licensed social worker, psychologist or licensed professional nurse (registered nurse/RN) with at least two (2) years' experience in service delivery to the service population. (4-5-00)
38. **Certified Case Manager.** (IDAPA 15.01.01.010.12) A Case Manager who has met the requirements for certification as established by the National Academy of Care/Case Managers or other professional association recognized by the Idaho Commission on Aging. (5-3-03)
39. **Child.** (OAA Section 372(a)(1)) means an individual who is not more than 18 years of age or who is an individual with a disability.
40. **Chore Services.** (IDAPA 15.01.01.010.13) Providing assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks. (5-3-03)
41. **Civic Engagement.** (OAA Section 102(a)(12)) an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.
42. **Client.** (IDAPA 15.01.01.010.14) Person who has met program eligibility requirements for services addressed in this chapter. (7-1-98)
43. **Cognitive Impairment.** (IDAPA 15.01.01.010.15) A disability or condition due to mental impairment. (7-1-98)
44. **Commission.** (IC 39-5302(3)) means the Idaho Commission on Aging (ICOA), established pursuant to [chapter 50, title 67](#), Idaho Code.

45. **Complainant.** (IDAPA Ombudsman 15.01.03.010.04) The substate ombudsman or any individual or organization who registers a complaint with the substate ombudsman. (7-1-98)
46. **Complaints.** (IDAPA Ombudsman 15.01.03.010.06) Allegations made by or on behalf of eligible clients, whether living in long-term care facilities or in the community. (7-1-98)
47. **Comprehensive and coordinated system.** (OAA Section 302(1)) means a system for providing all necessary supportive services, including nutrition services, in a manner designed to
- A. Facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
 - B. Develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;
 - C. Use available resources efficiently and with a minimum of duplication; and
 - D. Encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.
48. **Congregate Meals.** (IC 67-5006(3)) meals prepared and served in a congregate setting which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education.
49. **Congregate Meals.** (IDAPA 15.01.01.010.16) Meals that meet the requirements of the OAA, as amended, served in a group setting. (7-1-98)
50. **Contract.** (IDAPA 15.01.20.010.04) A legally binding, written agreement between two (2) or more parties which outlines the terms and provisions to which both parties agree.
51. **Contractor.** (IC 39-5302(4)) means an Area Agency on Aging (AAA) and its duly authorized agents and employees providing adult protection services pursuant to a contract with the commission in accordance with section [67-5011](#), Idaho Code. The commission designates area agencies on aging pursuant to 42 U.S.C.A. 3025(a)(2)(A) and may establish by rule when duties or obligations under this chapter may be fulfilled by an area agency on aging.
52. **Cost Sharing Payment.** (IDAPA 15.01.01.010.17) An established payment required from individuals receiving services under the Act. The cost sharing payment varies according to client's current annual household income. (4-6-05)
53. **Department.** (IDAPA 15.01.01.010.18) (IC 39-5302) Department of Health and Welfare. (7-1-98)
54. **Designation.** (IDAPA Ombudsman 15.01.03.010.07) Process by which the Office approves the location of substate ombudsman programs within AAAs and delegates to such programs the authority to carry out the purposes of the program. (7-1-98)
55. **Direct Costs.** (IDAPA 15.01.01.010.19) Costs incurred from the provision of direct services. These costs include, but are not limited to, salaries, fringe benefits, travel, equipment, and supplies directly involved in the provision of services. Salaries of program coordinators and first line supervisors are considered direct costs. (7-1-98)
56. **Disability.** (OAA Section 102(a)(13)) (except when such term is used in the phrase "severe disability", "developmental disability- "physical or mental disability", "physical and mental disabilities", or "physical disabilities") a disability attributable to mental or physical impairment, or a combination of

mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:

- A. Self-care,
- B. Receptive and expressive language,
- C. Learning,
- D. Mobility,
- E. Self-direction,
- F. Capacity for independent living,
- G. Economic self-sufficiency,
- H. Cognitive functioning, and
- I. Emotional adjustment.

57. Disease Prevention and Health Promotion Services. (OAA Section 102(a)(14))

- A. Health risk assessments;
- B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- C. Nutritional counseling and educational services for individuals and their primary caregivers;
- D. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
- E. Programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 - 1. an institution of higher education;
 - 2. a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 - 3. a community-based organization;
- F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
- G. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- H. Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
- I. Medication management screening and education to prevent incorrect medication and adverse drug reactions;
- J. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
- K. Gerontological counseling; and
- L. Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

58. **Education and Training Service.** (OAA Section 302(2)) means a supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of this Act.
59. **Elder Abuse.** (OAA Section 102(a)(15)) abuse of an older individual.
60. **Elder Abuse, Neglect and Exploitation.** (OAA Section 102(a)(16)) abuse, neglect, and exploitation, of an older individual.
61. **Elder Justice.** (OAA Section 102(a)(17))
- A. Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and
 - B. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation.
62. **Elder Rights.** (OAA Section 761(1)) means a right of an older individual.
63. **Eligible Clients.** (IDAPA 15.01.01.010.20) Residents of the state of Idaho who are sixty (60) years or older. (5-3-03)
64. **Eligibility Entity.** (OAA Section 422(a)(1))
- A. Means a nonprofit health or social service organization, a community-based nonprofit organization, an area agency on aging or other local government agency, a tribal organization, or another entity that—
 - 1. The Assistant Secretary determines to be appropriate to carry out a project under this part; and
 - 2. Demonstrates a record of, and experience in, providing or administering group and individual health and social services for older individuals; and
 - B. Does not include an entity providing housing under the congregate housing services program carried out under section 802 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8011) or the multifamily service coordinator program carried out under section 202(g) of the Housing Act of 1959 (12 U.S.C. 1701q(g)).
65. **Emergency.** (IC 39-5302(6)) means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.
66. **Exploitation.** (OAA Section 102(a)(18)(a))
- A. The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.
 - B. In subparagraph (1), the term 'caregiver' means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

67. **Exploitation.** (IC 39-5302(7)) means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.
68. **Family Caregiver.** (OAA Section 302(3)) means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
69. **Family Violence.** (OAA Section 102(a)(19)) same meaning given the term in the Family Violence Prevention and Services Act (42 U.S.C. 10408).
70. **Fiscal Effectiveness.** (IDAPA 15.01.01.010.21) A financial record of the cost of all formal services provided to insure that maintenance of an individual at home is more cost effective than placement of that individual in an institutional long-term care setting. (7-1-98)
71. **Fiduciary.** (OAA Section 102(a)(20))
- A. Person or entity with the legal responsibility –
 - 1. to make decisions on behalf of and for the benefit of another person; and
 - 2. to act in good faith and with fairness; and
 - B. Includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.
72. **Focal Point.** (OAA Section 102(a)(21)) a facility established to encourage the maximum collocation and coordination of services for older individuals.
73. **Formal Services.** (IDAPA 15.01.01.010.22) Services provided to clients by a formally organized entity, including, but not limited to, Medicaid HCBS. (5-3-03)
74. **Frail.** (OAA Section 102(a)(22))
- A. With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
 - 1. is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - 2. at the option of the State, is unable to perform at least three such activities without such assistance; or
 - B. Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
75. **Functional Impairment.** (IDAPA 15.01.01.010.23) A condition that limits an individual's ability to perform ADLs and IADLs. (7-1-98)
76. **Grandparent or Older Individual Who is a Relative Caregiver.** (OAA Section 372(2)) The term "grandparent or older individual who is a relative caregiver" means a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and—
- A. Lives with the child;
 - B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

77. **Greatest Economic Need.** (OAA Section 102(a)(23)) the need resulting from an income level at or below the poverty line.
78. **Greatest Social Need.** (OAA Section 102(a)(24)) the need caused by non-economic factors, which include—
- A. Physical and mental disabilities;
 - B. Language barriers; and
 - C. Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
 - 1. restricts the ability of an individual to perform normal daily tasks; or
 - 2. threatens the capacity of the individual to live independently.
79. **Hispanic-serving institutions.** Section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a) defines the term as an institution of higher education that –
- A. Is an eligible institution;
 - B. At the time of application, has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic students; and
 - C. Provides assurances that not less than 50 percent of the institution's Hispanic students are low-income individuals, which assurances –
 - 1. May employ statistical extrapolation using appropriate data from the Bureau of the Census or other appropriate Federal or State sources; and
 - 2. The Secretary shall consider as meeting the requirements of this subparagraph, unless the Secretary determines, based on a preponderance of the evidence, that the assurances do not meet the requirements.
80. **Home-Delivered Meals.** (IDAPA 15.01.01.010.24) Meals delivered to eligible clients in private homes. These meals shall meet the requirements of the OAA. (7-1-98)
81. **Homemaker.** (IDAPA 15.01.01.010.25) A person who has successfully completed a basic prescribed training, who, under the supervision of a provider, supplies homemaker services. (4-6-05)
82. **Homemaker Service.** (IDAPA 15.01.01.010.26) Assistance with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair. (7-1-98)
83. **Household.** (IDAPA 15.01.01.010.27) For sliding fee purposes, a “household” includes a client and any other person permanently resident in the same dwelling who share accommodations and expenses with the client. (7-1-98)
84. **Idaho Commission on Aging (ICOA).** (IDAPA 15.01.01.010.28 & 15.01.20.010.05) State agency that plans, sets priorities, coordinates, develops policy, and evaluates state activities relative to the objectives of the OAA. (3-20-04)
85. **In-home Services.** (OAA Section 102(a)(30)) Includes—
- A. Services of homemakers and home health aides;
 - B. Visiting and telephone reassurance;

- C. Chore maintenance;
 - D. In-home respite care for families, and adult day care as a respite service for families;
 - E. Minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);
 - F. Personal care services; and
 - G. Other in-home services as defined—
 - 1. by the State agency in the State plan submitted in accordance with section 307; and
 - 2. by the area agency on aging in the area plan submitted in accordance with section 306.
86. **In-home Services.** (IC 67-5006(2)) Provide care for older persons in their own homes and help them maintain, strengthen, and safeguard their personal functioning in their own homes. These services shall include, but not be limited to case management, homemakers, chores, telephone reassurance, home delivered meals, friendly visiting and shopping assistance, and in-home respite care.
87. **Indian.** (OAA Section 102(a)(26)) Means a person who is a member of an Indian tribe.
88. **Indian Tribe.** (OAA Section 102(a)(27)) Means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria.
89. **Information and Assistance Service.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—
- A. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
 - B. Assesses the problems and capacities of the individuals;
 - C. Links the individuals to the opportunities and services that are available;
 - D. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 - E. Serves the entire community of older individuals, particularly—
 - A. Older individuals with greatest social need;
 - B. Older individuals with greatest economic need; and
 - C. Older individuals at risk for institutional placement.
90. **I & A.** (IDAPA 15.01.21.010.02) Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
- A. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
 - B. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)
 - C. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)

91. **Information and Referral.** (OAA Section 102(a)(29)) includes information relating to assistive technology.
92. **Information and Referral.** (IC 67-5006(7)) means and includes information relating to assistive technology.
93. **Informal Supports.** (IDAPA 15.01.01.010.29) Those supports provided by church, family, friends, and neighbors, usually at no cost to the client. (7-1-98)
94. **Institution of Higher Education.** (OAA Section 102(a)(31)) has the meaning given the term in section 101 of the Higher Education Act of 1965.
95. **Instrumental Activities of Daily Living (IADL).** (IDAPA 15.01.01.010.30) Meal preparation, money management, transportation, shopping, using the telephone, medication management, heavy housework, light housework. (7-1-98)
96. **Integrated Long-term Care.** (OAA Section 102(a)(32))
- A. Means items and services that consist of –
 - 1. With respect to long-term care –
 - a. Long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and
 - b. Any other supports, items, or services that are available under any federally funded long-term care program; and
 - 2. with respect to other health care, items and services covered under –
 - a. The Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
 - b. The State plan for medical assistance under the Medicaid program;
 - or
 - c. Any other federally funded health care program; and
 - B. Includes items or services described in subparagraph (A) that are provided under a public or private managed care plan or through any other service provider.
97. **Legal Assistance.** (OAA Section 102(a)(33))
- A. Means legal advice and representation provided by an attorney to older individuals with economic or social needs; and
 - B. Includes—
 - 1. To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
 - 2. Counseling or representation by a nonlawyer where permitted by law.
98. **Legal Assistance.** (IDAPA 15.01.21.010.03) Advice, counseling, or representation by an attorney or by a paralegal under the supervision of an attorney.
99. **Legal Representative.** (IDAPA 15.01.01.010.31) A person who carries a Power of Attorney or who is appointed Guardian or Conservator with legal authority to speak for a client. (5-3-03)

100. **Long-Term Care.** (OAA Section 102(a)(34)) means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service –
- A. Intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;
 - B. Furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and
 - C. Not furnished to prevent, diagnose, treat, or cure a medical disease or condition.
101. **Long-Term Care Facility.** (OAA Section 102(a)(35)) means—
- A. Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a));
 - B. Any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));
 - C. For purposes of sections OAA 307(a)(12)^[1] and 712, a board and care facility; and
 - D. Any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (1) through (3).
102. **Long-Term Care Facility.** (IDAPA Ombudsman 15.01.03.010.10) Skilled nursing facilities as defined in IDAPA 16.03.02, Subsection 002.33, “Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities,” and residential care facilities as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
103. **Meal Site.** (IDAPA 15.01.21.010.04) A facility or location where eligible persons (and spouses) assemble for a meal, either site prepared or catered. (7-1-98)
104. **Medicaid HCBS.** (IDAPA 15.01.01.010.32) Services approved under the Medicaid Waiver for the aged and disabled. (3-30-01)
105. **Multipurpose Senior Center.** (OAA Section 102(a)(36)) Means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
106. **National Aging Program Information System (NAPIS).** (IDAPA 15.01.01.010.33) Standardized nationwide reporting system that tracks: (7-1-98)
- A. Service levels by individual service, identifies client characteristics, State and AAA staffing profiles, and identifies major program accomplishments; and (4-5-00)
 - B. Complaints received against long term care facilities and family members or complaints related to rights, benefits and entitlements. (7-1-98)
107. **Native American.** (OAA Section 102(a)(37)) Means—
- A. An Indian as defined in paragraph (5); and
 - B. A Native Hawaiian, as defined in section 625.
108. **Naturally Occurring Retirement Community.** (OAA Section 422(a)(2)) Means a community with a concentrated population of older individuals, which may include a residential building, a housing complex, an area (including a rural area) of single family residences, or a neighborhood composed of age-integrated housing—

- A. Where—
 - 1. 40 percent of the heads of households are older individuals; or
 - 2. A critical mass of older individuals exists, based on local factors that, taken in total, allow an organization to achieve efficiencies in the provision of health and social services to older individuals living in the community; and
 - B. That is not an institutional care or assisted living setting.
109. **Neglect.** (OAA Section 102(a)(38)) Means-
- A. The failure of a caregiver (as defined in paragraph (27) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or
 - B. self-neglect.
110. **Neglect.** (IC 39-5302(8)) Means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for himself.
111. **Non-Institutional.** (IDAPA 15.01.01.010.34) Living arrangements which do not provide medical oversight or organized supervision of residents' activities of daily living. Non-institutional residences include:
- A. Congregate housing units,
 - B. Board and room facilities,
 - C. Private residential houses,
 - D. Apartments,
 - E. Condominiums,
 - F. Duplexes and multiplexes,
 - G. Hotel/ motel rooms, and
 - H. Group homes in which residents are typically unrelated to individuals.
- Non-institutional does not include:
- A. skilled nursing homes,
 - B. residential care facilities,
 - C. homes providing adult foster care,
 - D. hospitals,
 - E. or residential schools/hospitals for the severely developmentally disabled or the chronically mentally ill. (7-1-98)
112. **Non-Jurisdictional Complaints.** (IDAPA Ombudsman 15.01.03.010.08) Complaints made by or on behalf of residents of long-term care facilities who are under the age of sixty (60) or complaints concerning persons outside the statutory jurisdiction of an ombudsman. (7-1-98)
113. **Nonprofit.** (OAA Section 102(a)(39)) As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.
114. **Office.** (OAA 712(a)(2)) For purposes of Long Term Care Ombudsman only, "Office" is defined as: the individual described in section 712(a)(2) Ombudsman – the Office shall be headed by an

individual, to be known as the State Long Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long term care and advocacy.

115. **Office.** (IDAPA Ombudsman 15.01.03.010.09) Office of the State Ombudsman for the Elderly pursuant to Title 67, Chapter 50, Idaho Code, Section 67-5009. (7-1-98)
116. **Older Americans Act.** (IDAPA 15.01.01.010.35 & 15.01.20.010.06) Federal law authorizing funding to states for supportive and nutrition services for the elderly. (3-20-04)
117. **Older Individual.** (OAA Section 102(a)(40)) means an individual who is 60 years of age or older.
118. **Older Persons.** (IC 67-5006(4)) individuals sixty (60) years of age or older.
119. **Ombudsman.** (IDAPA 15.01.01.010.36) An individual or program providing a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. (5-3-03)
120. **Outreach Service.** (IDAPA 15.01.21.010.05) A service which actively seeks out older persons, identifies their service needs, and provides them with information and assistance to link them with appropriate services. (7-1-98)
121. **Pension and Other Retirement Benefits.** (OAA Section 215(a)(1)) means private, civil service, and other public pensions and retirement benefits, including benefits provided under—
- A. The Social Security program under title II of the Social Security Act (42 U.S.C. 401 et seq.);
 - B. The railroad retirement program under the Railroad Retirement Act of 1974 (45 U.S.C. 231 et seq.);
 - C. The government retirement benefits programs under the Civil Service Retirement System set forth in chapter 83 of title 5, United States Code, the Federal Employees Retirement System set forth in chapter 84 of title 5, United States Code, or other Federal retirement systems; or
 - D. Employee pension benefit plans as defined in section 3(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(2)).
122. **Physical Harm.** (OAA Section 102(a)(41)) means bodily injury, impairment, or disease.
123. **Planning and Service Area (PSA).** (IDAPA 15.01.01.010.38 & 15.01.20.010.07) ICOA designated geographical area within Idaho for which an AAA is responsible. (3-20-04)
124. **Planning and Service Area.** (OAA Section 102(a)(42)) means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).
125. **Poverty Line.** (OAA Section 102(a)(43)) means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
126. **Program.** (IDAPA 15.01.01.010.37) The Idaho Senior Services Program. (7-1-98)
127. **Protective Action Plan (PAP).** (IDAPA 15.01.02.010.05) An individual plan addressing the remedial, social, legal, medical, educational, mental health or other services available to reduce or eliminate the risk of harm to a vulnerable adult. A PAP may include a Supportive Services Plan as defined in IDAPA 15.01.01, “Rules Governing Idaho Senior Services.
128. **Provider.** (IDAPA 15.01.01.010.39) An AAA or another entity under contract with the AAA to provide a specific service. (5-3-03)

129. **Representative Payee.** (OAA Section 102(a)(44)) means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
130. **Resident.** (OAA Section 711(6)) The term “resident” means an older individual who resides in a longterm care facility.
131. **Resident.** (IDAPA Ombudsman 15.01.03.010.11) Resident as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
132. **Respite.** (IDAPA 15.01.01.010.40) Short-term, intermittent relief provided to caregivers (individuals or families) of a functionally-impaired relative or custodial charge. (4-5-00)
133. **Rural.** (IDAPA 15.01.21.010.06) Communities having a population of fewer than twenty thousand (20,000) persons.(7-1-98)
134. **Secretary.** (OAA Section 102(a)(45)) means the Secretary of Health and Human Services, except that for purposes of title V such term means the Secretary of Labor.
135. **Self-directed Care.** (OAA Section 102(a)(46)) means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which –
- A. Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
 - B. Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;
 - C. The needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
 - D. Based on the assessment made under subparagraph (3), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (27)), or legal representative –
 1. A plan of services for such individual that specifies which services such individual will be responsible for directing;
 2. A determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and
 3. A budget for such services; and
 4. The area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.
136. **Self-neglect.** (OAA Section 102(a)(47)) means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including –
- A. Obtaining essential food, clothing, shelter, and medical care;
 - B. Obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
 - C. Managing one’s own financial affairs.

137. **Serious Injury or Serious Imposition of Rights.** (IDAPA 15.01.02.010.04) A situation of substantiated abuse or neglect involving serious mental or physical injury, or exploitation. (5-3-03)
138. **Serious Physical Injury.** (IDAPA 15.01.02.010.06) Includes, but is not limited to: (3-30-01)
- A. Severe skin bruising; (5-3-03)
 - B. Burns; (3-30-01)
 - C. Bone fractures; (3-30-01)
 - D. Decubitis ulcers; (5-3-03)
 - E. Internal injuries; (5-3-03)
 - F. Lacerations; (3-30-01)
 - G. Malnutrition resulting in serious medical consequences; (5-3-03)
 - H. Subdural hematoma; or (5-3-03) i. Soft tissue swelling. (5-3-03)
139. **Severe Disability.** (OAA Section 102(a)(48)) means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—
- A. Is likely to continue indefinitely; and
 - B. Results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs.
140. **Sexual Assault.** (OAA Section 102(a)(49)) has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg–2).
141. **Shopping Assistance.** (IDAPA 15.01.01.010.41) Accompaniment and provision of assistance to an elderly individual for the purpose of purchasing food, medicine and other necessities for an elderly individual who is disabled or homebound. (7-1-98)
142. **Sliding Fee Scale.** (IDAPA 15.01.01.010.42) A fee scale ranging from zero percent (0%) to one hundred percent (100%) of the cost of services. Cost of services shall be based on the contractor’s or provider’s actual unit costs. A client’s percentage (payment) shall be determined by ranking the client’s annual household income against the federally determined poverty guidelines for that year. (3-19-99)
143. **State System of Long-term Care.** (OAA Section 102(a)(52)) Means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.
144. **Substate Ombudsman.** (IDAPA Ombudsman 15.01.03.010.12) An individual associated with a designated local Ombudsman for the Elderly Program, who performs the duties of ombudsman. (7-1-98)
145. **Supportive Service.** (OAA Section 102(a)(53)) means a service described in section 321(a).
146. **Supportive Service.** (IC 39-5302(9)) means noninvestigatory remedial, social, legal, health, educational, mental health and referral services provided to a vulnerable adult.
147. **Supportive Service Plan (SSP).** (IDAPA 15.01.01.010.43) An individual support plan outlining an array of services or the components of an individual service required to maintain a client at home or to reduce risks and meet the care needs of a vulnerable adult. (4-6-05)
148. **Supportive Services Technician.** (IDAPA 15.01.01.010.44) AAA employee working under the supervision of a licensed social worker or case manager assisting with investigation of Adult

Protection reports, completion of the ICOA approved assessment instrument for services of clients of ICOA funded in-home services, or development and initiation of SSPs. The employee shall have a High School diploma and at least two (2) years' experience delivering services to the elderly or at-risk populations. (5-3-03)

149. **Transportation.** (IC 67-5006(1)) services designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living, but not including a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.
150. **Transportation Services.** (IDAPA 15.01.01.010.45) Services designed to transport eligible clients to and from community facilities/resources for the purposes of applying for and receiving services, reducing isolation, or otherwise promoting independence.
151. **Unit of General Purpose Local Government.** (OAA Section 302(4)) means—
 1. A political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or
 2. An Indian tribal organization.
152. **USDA Eighty/Twenty (80/20) Commodity Program.** (IDAPA 15.01.21.010.07) Federal program in which the participating AAA agrees to accept a minimum of twenty percent (20%) of its total entitlement in commodities with the balance of eighty percent (80%) being paid in cash at the current USDA reimbursement rate. (7-1-98)
153. **USDA One Hundred Percent (100%) Cash-in-Lieu Community Program.** (IDAPA 15.01.21.010.08) Federal program in which the participating AAA receives one hundred percent (100%) cash reimbursement in lieu of commodities. (7-1-99)
154. **Vulnerable adult.** (IC 39-5302(10)) means a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.
155. **Vulnerable Elder Rights Protection Activity.** (OAA Section 761(2)) means an activity funded under subtitle A. (42 U.S.C. 3058bb)

2.3. **NAPIS REPORTING DEFINITIONS.** (OMB 0985-0008) Administration on Aging (AoA) Reporting Requirements for National Aging Program Information System (NAPIS).

1. **Access Assistance.** (1 contact) A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that:
 - A. Provides individuals with information on services available within the communities;
 - B. Links individuals to the services and opportunities that are available within the communities;
 - C. To the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.]

2. **Impairments in Activities of Daily Living (ADL).** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.
3. **Adult Day Care/Adult Day Health.** (1 Hour) Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.
4. **Agency Executive/Management Staff).** Personnel such as SUA director, deputy directors, directors of key divisions and other positions which provide overall leadership and direction for the state or area agency on aging.
5. **Assisted Transportation.** (1 Way Trip) Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
6. **Caregiver.** An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.
7. **Case Management.** (1 Hour) Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as:
 - A. Assessing needs,
 - B. Developing care plans,
 - C. Authorizing and coordinating services among providers, and
 - D. Providing follow-up and reassessment, as required.
8. **Cash and Counseling.** (People Served, Title III Expenditures, Total Expenditures) This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. Since service units could be so diverse they would not provide meaningful results they are not included.
9. **Child.** An individual who is not more than 18 years of age or an individual 19 – 59 years of age who has a severe disability. The term relates to a grandparent or other older relative who is a caregiver of a child.
10. **Chore.** (1 Hour) Assistance such as heavy housework, yard work or sidewalk maintenance for a person.
11. **Congregate Meals.** (1 Meal) A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure.
12. **Counseling.** (1 session per participant) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).
13. **Elderly Client.** An eligible (60 years of age or older or who is less than 60 and has a diagnosis of early onset dementia) elderly individual who receives OAA services.
14. **Grandparent or other older relative caregiver of a child.** A grandparent, step grandparent or other relative of a child by blood or marriage, who is 55 years of age or older and
 - A. Lives with the child;

- B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
15. **Health Promotions.** Services which include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. Since service units could be so diverse they would not provide meaningful results they are not included.
 16. **High Nutritional Risk.** (persons) An individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative.
 17. **Home-Delivered Meals.** (1 Meal) A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure. Certain Title III-E funded home delivered meals may also be included – see the definition of NSIP meals below.
 18. **Homemaker.** (1 Hour) Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
 19. **Information Services.** (1 activity) A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]
 20. **Information and Assistance.** (1 contact) A service that:
 - A. Provides individuals with information on services available within the communities;
 - B. Links individuals to the services and opportunities that are available within the communities;
 - C. To the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.
 - D. Note. The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E.-Utilization and Expenditures Profiles, Other Services Profile.
 21. **Impairment in Instrumental Activities of Daily Living (IADL).** The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual’s ability to make use of available transportation without assistance).
 22. **Legal Assistance.** (1 Hour) Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

23. **Legal Assistance Development.** Activities carried out by the state “Legal Assistance Developer” that are designed to coordinate and enhance state and local legal services and elder rights programs.
24. **Living alone.** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.
25. **Minority Provider.** A provider of services to clients which meets any one of the following criteria:
- A. A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below.
 - B. A private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below.
 - C. A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic.
26. **NSIP Meals.** (1 meal) A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that:
- A. It has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation;
 - B. It is compliant with the nutrition requirements;
 - C. It is served by an eligible agency; and
 - D. It is served to an individual who has an opportunity to contribute. Meal counts include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.
27. **Nutrition Counseling.** (1 session per participant) Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status.
28. **Nutrition Education.** (1 session per participant) A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.
29. **Other Paid Professional Staff.** Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the state or area agency the following areas:
- A. **Planning**—Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.
 - B. **Development**—Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.
 - C. **Administration**—Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.
 - D. **Access/Care Coordination**—Includes such responsibilities as outreach, screening, assessment, case management, information and referral.

- E. **Clerical/Support Staff**—All paid personnel who provide support to the management and professional staff.
30. **Outreach.** (1 contact) Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.
- A. The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile.
31. **Personal Care.** (1 Hour) Personal assistance, stand-by assistance, supervision or cues.
32. **Poverty.** Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.
33. **Provider.** An organization or person which provides services to clients under a formal contractual arrangement with an AAA or SUA.
34. **Race/Ethnicity Status.** The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format.” When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:
- A. Ethnicity:
1. Hispanic or Latino
 2. Not Hispanic or Latino
- B. Race:
1. American Indian or Alaskan Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
35. **Registered Client.** A registered client is an individual who received at least one unit of the following specified services within the reported fiscal year. The services include:
- A. Congregate meals,
 - B. Nutrition counseling,
 - C. Assisted transportation,
 - D. Personal care,
 - E. Homemaker,
 - F. Chore,
 - G. Home

- H. Delivered meals,
 - I. Adult day care/health, or
 - J. Case management
 - K. Services for Caregivers- Case Management and Respite
 - L.
36. **Respite Care.** (1 hour) Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes:
 - A. In-home respite (personal care, homemaker, and other in-home respite);
 - B. Respite provided by attendance of the care recipient at a senior center or other nonresidential program;
 - C. Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
 37. **Rural.** A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.
 38. **Rural Provider.** Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be providers of services to clients in urban areas. [See definition of rural].
 39. **Service Delivery.** Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.
 40. **Supplemental Services.** (1 hour) Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.
 41. **Volunteer.** An uncompensated individual who provides services or support on behalf of older individuals.

CHAPTER 3: PROGRAM OUTCOMES & KEY DATES

- 3.1. **PROGRAM OUTCOMES.** (IDAPA 15.01.01.020) State Senior Services are designed to provide older individuals with assistance they need to compensate for functional or cognitive limitations. Individuals qualifying for these services are those who require personal assistance, stand-by assistance, supervision or cueing to accomplish ADLs, IADLs, or both. The program aims to help clients: (7-1-98)
1. **Avoid Inappropriate or Premature Institutional Placement.** Avoid inappropriate institutionalization of a client; facilitate timely discharge of an institutionalized client; or prevent inappropriate or premature reinstitutionalization of a formerly discharged client. (5-3-03)
 2. **Enhance Ability to Accomplish Short-Term Rehabilitation.** Facilitate rehabilitation at home by providing supportive services to those who are temporarily incapacitated due to short-term illness or injury. (5-3-03)
 3. **Assist in Crisis Intervention.** Maintain older individuals in their own homes, on a short-term basis, during a crisis when the primary caregiver is incapacitated or absent. (7-1-98)
 4. **Provide Protection.** Enable individuals to remain in their own homes during a crisis through coordination with Adult Protection Services. (7-1-98)
- 3.2. **KEY DATES.**
1. **Invoicing**
 - A. Title III, VII and Adult Protection: The AAAs will submit the Invoice and Unit tracking to the ICOA no later than the 25th of each month. (Attachment: FO.AD.05 Reimbursement Invoice and FO.AD.07 Reimbursement Units)
 - B. The AAAs will submit other program invoices (SMP, ADRC, ADSSP, etc.) separately according to contract.
 2. **Reporting**
 - B. Title III:
 1. The AAAs will enter all SAMs data by the 25th following the end of the quarter (January 25th, April 25th, July 25th, October 25th)
 2. The AAAs shall submit the In-kind Match and Program Income form quarterly by the 25th following the end of the quarter (October 25th, January 25th, April 25th, July 25th). (Attachments FO.AD.08 In-kind Match and FO.AD.09 Program Income)
 3. The AAAs will submit an annual Developmental Accomplishment and Staff Profile Report by October 25th of each year. (Attachment RP.AD.02 Developmental Accomplishment Annual Report).
 4. The ICOA will submit State ICOA annual report to the Governor's office by December 1st
 5. The ICOA will submit the Federal National Aging Program Information System (NAPIS) report by January 31st
 - C. Title VII: Ombudsman
 1. The AAAs will make sure that all OmbudsManager data has been entered by the 25th following the end of the quarter (January 25th, April 25th, July 25th, October 25th)
 2. The ICOA will submit State ICOA annual report to the Governor's office State by December 1st
 3. The ICOA will submit Federal National Ombudsman Reporting System (NORS) report by January 31st
 - D. Prevention of Elder Abuse, Neglect, Exploitation
 1. The ICOA will submit State ICOA annual report to the Governor's office State by December 1st

- E. Adult Protection
 - 1. The AAAs will submit the Substantiated Case report to the ICOA no later than the 10th of each month(Attachment RP.AP.02.AAA Substantiated Case Report)
 - 2. The AAAs will submit the Adult Protection Quarterly report – 25th of month following end of quarter (October 25th January 25th, April 25th, and July 25th). Attachment RP.AP.03 Adult Protection Quarter Progress Report (QPR))
 - 3. The ICOA will submit State ICOA annual report to the Governor's office State by December 1st
- 3. **Area Plan**
 - A. The AAAs will submit a four year plan due October 15th, 2013 and every 4 years after. (Attachment FO.AD.09 PSA Area Plan Instructions)
 - B. The AAAs will submit Annual updates to ICOA every year by October 15th.
- 4. **Nutrition Services Incentive Program (NSIP)**
 - A. AAAs must enter all NSIP data into SAMS for the period of October 1st through September 30th by November 1st of each year. (Attachment PO.NU.01 NSIP Meal Counts in SAMS)
 - B. The ICOA will include NSIP data in the annual report to the Governor's office by December 1st.
 - C. The ICOA will submit the State Progress Report to AoA by January 31st.
 - D. The ICOA sends the AAAs a year-end distribution report to verify NSIP meal counts from the prior year. This report will be used to calculate funding distribution for the upcoming year. AAAs must verify those counts and submit to ICOA by January 25th.
 - E. The ICOA will submit the Commodity dollar report to USDA and Department of Education by May 15th.
 - F. The ICOA will request the AAAs to identify between (80%/20%) or (100%) Cash-In-Lieu Commodity program for each provider site. The AAAs will submit response by March 25th of each year.
 - G. AAA allotted funds need to be expended 90 days from the end of FFY September 30th.

CHAPTER 4: AAA DESIGNATION AND RESPONSIBILITIES

- 4.1. **PLANNING AND SERVICE AREA (PSA) DESIGNATION.** (IDAPA 15.01.20.020) The ICOA has divided the state into PSAs in accordance with Section 305 of the OAA, as amended. (3-20-04)
- 4.2. **AREA AGENCY ON AGING (AAA).** (IDAPA 15.01.20.021)
1. **AAA Designation.** The ICOA shall accept applications for AAA designation in accordance with Section 305 of the OAA. (3-20-04)
 2. **Revocation of AAA Designation.** The ICOA may revoke the designation of an AAA as specified in OAA and the federal regulations thereunder. (3-20-04)
 3. **Denial of AAA Designation.** Any organization denied AAA designation through a competitive bidding process may appeal the decision to the Administrator of ICOA. (3-20-04)
 4. **Limit on the Number of Area Agencies and PSA's.** In order to maximize funding for services that directly benefit the elderly, the number of PSAs and AAAs is limited to six (6). (3-20-04)
- 4.3. **AAA RESPONSIBILITIES.** (IDAPA 15.01.20.041) On behalf of all older persons in the PSA, the AAA shall assume the lead role relative to aging issues. In accordance with the OAA and all pertinent federal regulations, the AAA shall serve as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the PSA. (7-1-98)
- 4.4. **AREA ADVISORY COUNCILS ON AGING.** (IDAPA 15.01.20.051)
1. **Establishment of Council.** The AAA shall establish an advisory council in accordance with the requirements of the OAA, as amended, and all pertinent federal regulations. (7-1-98)
 2. **Council Meetings.** Each advisory council shall meet at least two (2) times each year. (3-20-04)
 3. **Conflict of Interest.** AAA employees, or members of the immediate families of AAA employees, shall not serve on the advisory council. (3-20-04)
 4. **By-Laws.** The advisory council shall adopt and operate according to by-laws. (3-20-04)
- 4.5. **GRANTS TO AND CONTRACTS WITH LOCAL AREA AGENCIES.** (IC 67-5007) The commission shall, based on the recommendations of the local area councils on aging, enter into funding agreements as grants or contracts with designated local area agencies, as provided by the Older Americans Act of 1965, as amended, for the purpose of the agencies issuing contracts at the local level to provide the services listed in section 67-5008, Idaho Code. Such grants or contracts shall be subject to performance and financial audit by the agency in conformance with state practices and statutes.
- 4.6. **ADMINISTRATIVE APPEALS.** (Attachment: PO.AD.01. Appeals Process)
1. **Rules Governing Senior Services Program** (15.01.01.003) Appeals hereunder are governed by the provisions set forth in IDAPA 15.01.20, "Rules Governing Area Agency on Aging (AAA) Operations," Section 003. (4-6-05)
 2. **Rules Governing Area Agency on Aging AAA Operations** (15.01.20.003) The ICOA shall provide AAAs with the opportunity to appeal administrative decisions. (3-20-04)
 3. **Rules Governing Area Agency Adult Protection Programs** (15.01.02.003) **Rules Governing the Ombudsman for the Elderly Program** (15.01.03.003) and **Rules Governing Older Americans Act Services** (15.01.21.003) The ICOA shall provide AAAs with opportunity to appeal administrative

decisions related to these rules in accordance with IDAPA 04.11.01, "Idaho Rules of Administrative Procedures of the Attorney General." (7-1-98)

4.7. **AAA BUDGET FORMS AND REVISIONS.** (IDAPA 15.01.20.022) (Attachment: FO.AD.05 Reimbursement Invoice)

1. **Budget Forms.** Each AAA shall submit, on forms provided by the ICOA, a budget for agency operations. The AAA shall maintain sufficiently detailed budget and expenditure records to respond to requests for information from the ICOA, Administration on Aging, legislators, or the general public. (3-20-04)
2. **Budget Revisions.** Requests for approval of budget revisions shall be made in writing to the ICOA: (3-20-04)
 - A. In order to process transfers between Title III programs; (3-20-04)
 - B. To reflect holdbacks or midyear increases in state or federal spending; or (7-1-98)
 - C. If there is a change in spending which exceeds ten percent (10%) of any line item in the comprehensive budget summary. (3-20-04)

4.8. **REPORTING REQUIREMENTS.** (IDAPA 15.01.20.056)

1. **Reporting Forms.** Each AAA shall submit to the ICOA such reports as are specified by the ICOA, in such format and on such schedule as is established by the ICOA, in fulfillment of all federal and state requirements. (7-1-98) (Attachments below):
 - FO.AD.05 Reimbursement Invoice;
 - FO.AD.06 Reimbursement Units;
 - FO.AD.07 In-kind Match;
 - FO.AD.08 Program Income;
 - FO.AD.09. PSA Area Plan;
 - FO.NU.01 NSIP Cash Distribution;
 - RP.AD.02. AAA Developmental Accomplishment Annual Report;
 - RP.AP.02. AAA Substantiated Case Report;
 - RP.AP.03 Adult Protection Quarterly Progress Report (QPR)
2. **Verification of Service Provider Reports.** The AAAs shall conduct ongoing verification of service provider reports in accordance with the terms of the contract with the ICOA. (3-20-04)
3. **Reporting Deficiencies.** If reports are late, incorrect, or incomplete, the ICOA shall withhold funds from the AAA, in accordance with terms of the contract between the ICOA and the AAA, until a correct report is received by the ICOA. (3-20-04)

4.9. **SERVICE PRIORITY AND APPEALS.** (IDAPA 15.01.20.053)

1. **Service Priority.** Pursuant to the OAA, each AAA shall ensure that all service providers prioritize service delivery to those older individuals having the greatest economic and social need, with particular attention to low-income minority individuals and individuals residing in rural areas. (3-20-04)
2. **Denial or Termination of Service.** AAAs shall develop fair and impartial hearing procedures and shall provide an opportunity for a hearing for any individual who is denied or terminated from a service. (3-20-04)

- 4.10. **CONTRACT MANAGEMENT REQUIREMENTS.** (IDAPA 15.01.20.042) AAAs shall adhere to all applicable federal contracting and procurement requirements in awarding subcontracts. (3-20-04)
1. **Non-Profit Agency Contractors.** AAAs may subcontract with private, non-profit agencies that are incorporated as 501(c)(3) organizations. (3-20-04)
 2. **AAA Provider Subcontracts.** All subcontracts between the AAA and service providers shall contain sufficient program and financial information to ensure all activities comply with the Area Plan, the OAA, federal regulations, the SS Act, and the rules of the ICOA. (3-20-04)
 3. **Contracts Term.** Each AAA may award multi-year subcontracts not to exceed four (4) years. (3-20-04)
 - A. Each AAA shall maintain documentation satisfactory to ICOA that justifies the reason(s) a multi-year subcontract was awarded. Justification for a multi-year subcontract may include, but is not limited to, the following: (3-20-04)
 1. More than one (1) year is necessary to complete the project or service; (7-1-98)
 2. More than one (1) year is necessary to justify substantial cost savings; or (3-20-04)
 3. A multi-year subcontract award is necessary to allow a provider the opportunity to increase and demonstrate capacity to operate a particular service. (3-20-04)
 - B. No AAA shall continue a multi-year subcontract unless the results of evaluation justify continuance of the subcontract. (3-20-04)
 4. **AAA Provider Appeals.** AAAs shall develop fair and impartial hearing procedures and shall provide an opportunity for a hearing for any organization denied a subcontract with the AAA. (3-20-04)

4.11. **CONTRACTING AND GRANT AUTHORITY; PRIVATE PAY RELATIONSHIPS; APPROPRIATE USE OF FUNDS. OAA Section. 212(b)1**

1. **Ensuring Appropriate Use of Funds.**—An agreement may not be made without the prior approval of the State agency (or, in the case of a grantee under title VI, without the prior recommendation of the Director of the Office for American Indian, Alaska Native, and Native Hawaiian Aging and the prior approval of the Assistant Secretary), after timely submission of all relevant documents related to the agreement including information on all costs incurred;

4.12. **FEDERAL PROCUREMENT REQUIREMENTS.** (CRF 45.Part 74 and 92)

http://www.access.gpo.gov/nara/cfr/waisidx_10/45cfrv1_10.html

1. **Title 45 Part 74:** Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations and Commercial Organizations:

Subsection	Description
Part 74.13	Debarment and suspension
Part 74.27	Allowable costs
Part 74.40	Purpose of procurement standards
Part 74.41	Recipient responsibilities
Part 74.42	Code of conduct
Part 74.43	Competition
Part 74.44	Procurement procedures

Part 74.45	Cost and price analysis
Part 74.46	Procurement Records
Part 74.47	Contract administration
Part 74.48	Contract provisions
Part 74.51	Monitoring and reporting program performance
Appendix A	Contract Provisions

2. **Title 45 Part 92:** Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and tribal Governments:

Subsection	Description
Part 92.22	Allowable costs
Part 92.35	Subawards to debarred and suspended parties
Part 92.36	Procurement

4.13. **AAA ASSESSMENTS OF PROVIDERS.** (IDAPA 15.01.20.055) Every other year each AAA shall conduct, at a minimum, one (1) on-site assessment of each of its providers that receives fifty thousand dollars (\$50,000) or more in combined federal and state funds during a contract year. Such assessments shall comply with the terms of the AAA contract with the ICOA. Such reviews shall be on file for ICOA review. (3-30-07)

4.14. **FINANCIAL MANAGEMENT.** (IDAPA 15.01.20.066)

1. **Regulations.** Area agencies and service providers shall meet the financial management requirements of 45 CFR, 74 and 92. (7-1-98)
2. **Allowable Costs.** Allowable costs are delineated in the OAA, Cost Principles for Colleges and Universities, OMB Circular A-21, and Cost Principles for Non-Profit Organizations, OMB Circular A-122. These cost principles shall apply to the expenditure of federal funds, as well as any state or local funds which are reported as match for federal funds. In-kind contributions shall benefit the program for which they are reported as match. No expenditure shall be used as match if it has been or will be counted as match for another award of federal or state funds. (3-20-04)
3. **Audits.** All AAAs and service providers receiving more than three hundred thousand dollars (\$300,000) of federal funds per year shall be audited per the Single Audit Act of 1996 and OMB Circular A-133. (3-20-04)

4.15. **CLIENT ASSESSMENT.** (IDAPA 15.01.01.022) Applicants for services under this chapter shall be assessed utilizing the ICOA approved assessment instrument. (4-6-05) (Attachment: FO.AD.02. Uniform Assessment Instrument (UAI))

4.16. **FAMILY AND CAREGIVER SUPPORTS.** (IDAPA 15.01.01.023)

1. **Intent of ICOA.** It is the intent of ICOA to support efforts of family caregivers to maintain functionally or cognitively-impaired elderly relatives in the household. (7-1-98)
 2. **Eligibility.** Based on eligibility and cost sharing requirements, AAAs shall support family caregiver efforts by making program services available to such families. (4-6-05)
- 4.17. **ACCOMMODATIONS.** (IDAPA 15.01.01.024)
1. **Accommodations for Geographic Inaccessibility.** All providers shall make and document efforts to locate and hire a part-time worker or generate a volunteer to meet the client service need. (7-1-98)
 2. **Accommodations for Language.** All providers shall make reasonable accommodations to work with persons who speak a language other than English. (5-3-03)
 3. **Cultural Accommodations.** All providers shall make reasonable accommodations for cultural differences and take them into account when delivering services. (5-3-03)
 4. **Accommodations for Disabilities.** All providers shall make reasonable accommodations to work with persons who have vision or hearing impairments or other disabilities. (5-3-03)
- 4.18. **COST SHARING PAYMENTS AND CLIENT CONTRIBUTIONS.** (IDAPA 15.01.01.025)
1. **Poverty Guidelines.** Clients whose income exceeds one hundred percent (100%) of poverty (as established by the United States Department of Health and Human Services) shall be required to make a cost sharing payment for services according to a variable fee schedule established by the ICOA. (4-6-05) (Attachment: GU.AD.01 Sliding Fee Scale)
 2. **Income Declaration.** Income shall be determined by an annual client self-declaration. When a client's income increases or decreases, the client shall notify the provider for a redetermination of income. (7-1-98)(Attachment: FO.AD.04. Standard Income Declaration)
 3. **Determining Income.** For this purpose, income means gross household income from all sources, less the cost of medical insurance and expenditures for non-covered medical services and prescription drugs. Payments the client receives from owned property currently being leased shall be counted as income after expenses are deducted if paid by the client, i.e., insurance, taxes, water, sewer, and trash collection. (5-3-03) (Attachment: FO.AD.04. Standard Income Declaration)
 4. **Cost Sharing Payment Based on Actual Cost.** Assessed cost sharing payment shall be a percentage of the provider's actual unit cost. (4-6-05)
 5. **Cost Sharing Payment Required.** Cost sharing payments are required from clients receiving either Chore or Homemaker Services. (4-6-05)
 6. **Cost Sharing Payment Waived.** The cost sharing payment may be waived for clients who refuse to make such payment if there is documented evidence that not providing the service would increase risk or harm to the client. (4-6-05)
 7. **Client Contributions.** All clients from whom a cost sharing payment is not required shall be given the opportunity to make voluntary contributions. (4-6-05)
 8. **Use of Cost Sharing Payments and Contributions.** Providers shall maintain accounting records of all cost sharing payments and contributions collected and of all monies expended from these sources. All monies derived from cost sharing payments, contributions, or both, shall be used to offset the costs of providing the service for which they were collected. (4-6-05)
- 4.19. **DISCLOSURE OF INFORMATION.** (IDAPA 15.01.01.026) Providers' disclosure of information about clients is limited by law. All information obtained from a client, whether verbal or written, and any records created from that information, shall be treated as confidential. The OAA requires that

confidentiality regarding clients shall be followed thus: (5-3-03) (Attachment: FO. AD. 03. Release of Information Form)

1. **Disclosure.** A provider may disclose to anyone the content of a client's communication only with the client's prior, informed consent. Without the client's prior, informed consent, the provider may: (5-3-03)
 - A. Only disclose information for purposes directly related to the administration of the program under which the client is applying for or receiving benefits; or (7-1-98)
 - B. Disclose client information to auditors and to persons conducting research within certain defined circumstances as approved in writing by the ICOA. (5-3-03)
2. **Client's Expectation of Privacy.** Disclosure of information to others does not abrogate a client's expectation of privacy as protected by law. Those to whom disclosure is made have a duty to maintain the confidentiality of the disclosure. (7-1-98)
3. **Disclosure Required.** The disclosure of information required for a coordinated assessment of a client and for coordinating delivery of services to a client is allowed between aging network providers and, if required, the Department. Disclosure to individuals outside that group shall not be authorized without prior written approval from the ICOA. (5-3-03)

- 4.20. **DENIAL OF SERVICE.** (IDAPA 15.01.01.027) An applicant shall be notified in writing of a denial of service and the right to appeal in accordance with IDAPA 15.01.20, Section 003, "Rules Governing Area Agency on Aging Operations." The request for services may be denied for any of the following reasons listed below, or at the discretion of the AAA director: (5-3-03)
1. **Applicant Not in Need of Service.** The applicant's functional or cognitive deficits are not severe enough to require services. (7-1-98)
 2. **Family or Other Supports Adequate.** Family, or other available formal or informal supports are adequate to meet applicant's current needs. (4-6-05)
 3. **Other Care Required.** The applicant's needs are of such magnitude that more intensive supports, such as Medicaid HCBS, attendant care, or referral for residential or nursing home placement are indicated. In such instances, alternatives shall be explored with the applicant and the applicant's legal representative and family, if available. Referrals shall be made by the provider, as appropriate. (5-3-03)
 4. **Barriers to Service Delivery Exist.** The applicant's home is hazardous to the health or safety of service workers. (7-1-98)
 5. **Geographical Inaccessibility.** The AAA determines that the applicant's home is geographically inaccessible from the nearest point of service provision of home-delivered meals, homemaker, chore, or respite and the provider can document efforts to locate a worker or volunteer to fill the service need have been unsuccessful. (5-3-03)
 6. **Lack of Personnel or Funding.** Services are unavailable based on a lack of available service personnel or funding. When an eligible applicant is denied service based on a lack of available service personnel or funding, the applicant shall be placed on a waiting list. For services other than Case Management, the applicant shall receive an in-home assessment prior to placement on a waiting list. Applicants on a waiting list for services shall be prioritized according to IDAPA 15.01.20, "Rules Governing Area Agency on Aging Operations," Section 053. All applicants placed on a waiting list shall be notified of this action in writing. (4-6-05)

- 4.21. **TERMINATION OF SERVICE.** (IDAPA 15.01.01.028)

1. **Documentation.** Documentation of notice of termination shall be placed in the client's case record, signed, and dated by the provider. (7-1-98)
2. **Appeals Process.** The client shall be informed of the appeals process, in accordance with IDAPA 15.01.20, "Rules Governing Area Agency on Aging Operations," Section 053. (4-6-05)
3. **AAA Services.** AAA authorized services may be discontinued by the provider for any of the reasons listed below, or at the discretion of the AAA director: (5-3-03)
 - A. Services proved ineffective, insufficient, or inappropriate to meet client needs. (7-1-98)
 - B. Other resources, including, but not limited to, formal and informal supports, became available. (5-3-03)
 - C. Client withdrew from the program or moved. (7-1-98)
 - D. Family or other available formal or informal support to client increased. (5-3-03)
 - E. Client placed in a long-term care facility. (7-1-98)
 - F. Client died (no notification of termination required). (7-1-98)
 - G. Client's functioning improved. (7-1-98)
 - H. Client refused service. (7-1-98)
 - I. Client's home is hazardous to the service provider (requires prior notification of the AAA Director with final approval being at the discretion of the AAA Director). (7-1-98)
 - J. Client's home is not reasonably accessible. (7-1-98)
 - K. Client's behavior is a threat to the safety of the provider (requires prior notification of the AAA Director with final approval being at the discretion of the AAA Director.) (7-1-98)
 - L. Client verbally abuses or sexually harasses service provider. (7-1-98)
 - M. Client refuses to pay fee determined for service. (7-1-98)
 - N. Service provider is not available in locale. (7-1-98)
 - O. Services are no longer cost effective. (7-1-98)
4. **Notification of Termination and Right to Appeal.** At least two (2) weeks prior to termination, the client shall be informed in writing of the reasons for provider initiated service termination and the right to appeal in accordance with IDAPA 15.10.20, "Rules Governing Area Agency on Aging Operations," Section 053. Exceptions to the two (2) week advance notification of termination will be justified to the AAA Director with final approval being at the discretion of the AAA Director. Appeal actions are the responsibility of the AAA. The client shall be referred to other services as appropriate. (4-6-05)

4.22. **SERVICE WORKERS.** (IDAPA 15.01.01.029)

1. **Training and Supervision.** All service workers shall receive an employee orientation from the provider before performing any services. Orientation shall include:
 - A. The purpose and philosophy of the services,
 - B. Review of pertinent skills,
 - C. Program regulations,
 - D. Policies and procedures,
 - E. Proper conduct in relating to clients, and
 - F. Handling of confidential and emergency situations involving a client. (4-6-05)
 1. CPR. Service workers shall complete CPR training within three (3) months of hire and shall maintain certification thereafter. (4-6-05)
 2. In-Service Training. Providers shall annually provide service workers with a minimum of ten (10) hours training, including CPR, for the purpose of upgrading their skills and knowledge. (4-6-05)

3. Providers shall assure that service workers who assist clients with bathing or hair washing receive specific training in performing these services prior to being assigned to a client. (4-6-05)
 4. Supervision. All providers shall maintain written job descriptions for service workers and shall have written personnel policies. All service workers shall receive an annual performance evaluation. Supervisors of service workers shall be available to service workers during work hours to discuss changes in client's circumstances, to resolve problems with schedules, or to respond to emergencies. (4-6-05)
2. **Medical Emergencies.** In case of medical emergency, the service worker shall immediately call 911 or the available local emergency medical service and, if appropriate, shall initiate CPR. (4-6-05)
 3. **Restrictions.** Providers shall ensure, through personnel policies, orientation procedures, signed service workers' agreements, and supervision, that the service worker's conduct is governed by the following restrictions. A copy of these restrictions, signed by the service worker, shall be placed in each service worker's personnel file. (4-6-05)
 - A. Service workers shall not accept money or a loan, in any form, from a client. (4-6-05)
 - B. Service workers shall not solicit the purchase of goods, materials or services. (4-6-05)
 - C. Service workers shall not provide a personal telephone number or home address to clients. (4-6-05)
 - D. Service workers shall not work privately for a client. (4-6-05)
 - E. Service workers shall not enter a client's residence in the absence of the client unless the client has given permission to enter to accomplish scheduled work and the permission is documented in the client file. (4-6-05)
 - F. Service workers shall not engage in religious proselytizing during the course of employment. (4-6-05)
 - G. Service workers shall not administer medications. A service worker may remind a client to take medications, assist with removing the cap from a multi-dose or bubble pack container, and may observe the client taking medications. (4-6-05)
 - H. Service workers shall regard all client communications and information about clients' circumstances as confidential. (4-6-05)
 - I. Service workers shall not smoke in the home of a client. (4-6-05)

CHAPTER 5: AAA PLANNING SERVICE AREA (PSA) REQUIREMENTS

- 5.1. **AREA PLANS.** (IDAPA 15.01.20.052) Each AAA shall submit a four (4) year area plan to the ICOA by close of business January 1, 2002, and by October 15 every four (4) years thereafter. Annual updates shall be submitted by October 15 of each year. The area plan and annual updates shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the OAA and all pertinent federal regulations. (3-20-04) (Attachment: FO.AD.09 PSA AAA Area Plan Instructions)
- 5.2. **OLDER AMERICANS ACT (OAA) PLANNING AND SERVICE AREA REQUIREMENTS.** (Section 306)
1. **PSA Elements:** (Section 306(a)) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency **Idaho requires four-year period**, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—
 - A. (1) Provide, through a comprehensive and coordinated system, for:
 1. Supportive services,
 2. Nutrition services, and,
 3. Where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things:
 - a. The number of older individuals with low incomes residing in such area,
 - b. The number of older individuals who have greatest economic need **(with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)** residing in such area,
 - c. The number of older individuals who have greatest social need **(with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)** residing in such area,
 - d. **the number of older individuals at risk for institutional placement** residing in such area, and
 - e. The number of older individuals who are Indians residing in such area,
 4. And the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
 - B. (2) Provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 1. (A) Services associated with access to services (transportation, **health services (including mental health services)** outreach, information and assistance, **(which may include information and assistance to consumers on availability of services under part B and how to**

- receive benefits under and participate in publicly supported programs for which the consumer may be eligible)** and case management services);
2. (B) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 3. (C) Legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;
- C. (3)(A) Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
- D. (4)(A)(i)(I) **Provide assurances that the area agency on aging will—**
1. **(aa) set specific objectives, consistent with State policy, for providing services to older individuals with:**
 - a. **Greatest economic need,**
 - b. **Older individuals with greatest social need, and**
 - c. **Older individuals at risk for institutional placement;**
 2. **(bb) include specific objectives for providing services to:**
 - a. **low-income minority older individuals,**
 - b. **older individuals with limited English proficiency, and**
 - c. **older individuals residing in rural areas; and include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);**
 3. (ii) Provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - a. (I) Specify how the provider intends to satisfy the service needs of low income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas in the area served by the provider;
 - b. (II) To the maximum extent feasible, provide services to low-income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas in accordance with their need for such services; and
 - c. (III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas within the planning and service area; and
 4. (iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - a. (I) identify the number of low-income minority older individuals in the planning and service area;
 - b. (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - c. (III) provide information on the extent to which the area agency on aging met the objectives described in clause (1 of this section);
 5. (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - a. (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 1. (I) older individuals residing in rural areas;

2. (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 3. (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 4. (IV) older individuals with severe disabilities;
 5. (V) older individuals **with limited English proficiency;**
 6. (VI) older individuals with Alzheimer's disease **and related** disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 7. **(VII) older individuals at risk for institutional placement; and**
- b. (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
6. (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
- E. (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, **and individuals at risk for institutional placement** with agencies that develop or provide services for individuals with disabilities;
- F. (6) provide that the area agency on aging will—
 1. (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 2. (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 3. (C)
 - a. (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - b. (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-
 1. (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 2. (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; **and**
 - c. **(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying**

out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

5. (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, **family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community,** local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
6. (E) establish effective and efficient procedures for coordination of—
 - a. (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - b. (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
7. **(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;**
8. (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- G. **(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—**
 1. **(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;**
 2. **(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—**
 - a. **(i) respond to the needs and preferences of older individuals and family caregivers;**
 - b. **(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and**
 - c. **(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;**
 3. **(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and**

4. **(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—**
 - a. **(i) the need to plan in advance for long-term care; and**
 - b. **(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;**
- H. (8) provide that case management services provided under this title through the area agency on aging will—
 1. (A) not duplicate case management services provided through other Federal and State programs;
 2. (B) be coordinated with services described in subparagraph (A); and
 3. (C) be provided by a public agency or a nonprofit private agency that—
 - a. (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - b. (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - c. (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - d. (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- I. (9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- J. (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- K. (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
 1. (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 2. (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 3. (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- L. (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- M. (13) provide assurances that the area agency on aging will—
 1. (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

2. (B) disclose to the Assistant Secretary and the State agency—
 - a. (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - b. (ii) the nature of such contract or such relationship;
 3. (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 4. (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 5. (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- N. (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- O. (15) provide assurances that funds received under this title will be used—
1. (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 2. (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- P. (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and
- Q. (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.
2. **PSA May Include Assessment: (Section 306(b))**
- A. (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- B. (2) Such assessment may include—
1. (A) the projected change in the number of older individuals in the planning and service area;
 2. (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 3. (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
 4. (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- C. (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

1. (A) health and human services;
 2. (B) land use;
 3. (C) housing;
 4. (D) transportation;
 5. (E) public safety;
 6. (F) workforce and economic development;
 7. (G) recreation;
 8. (H) education;
 9. (I) civic engagement;
 10. (J) emergency preparedness; and
 11. (K) any other service as determined by such agency.
3. **Waiver for Areas that Sufficiently Meet Needs:** (Section 306(c)) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
 4. **Agreements with Providers of Rehabilitation Act and Titles XIX and XX:** (Section 306(d))
 - A. (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
 - B. (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
 5. **Attorney-client Privilege** (Section 306(e)) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
 6. **State May Withhold Funds for Failure to Comply:** (Section 306(f))
 - A. (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
 - B. (2)
 1. (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
 2. (B) At a minimum, such procedures shall include procedures for—
 - a. (i) providing notice of an action to withhold funds;
 - b. (ii) providing documentation of the need for such action; and
 - c. (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

C. (3)

1. (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
2. (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

CHAPTER 6: SUMMARY OF AUTHORIZED PROGRAMS

- 6.1. **ELIGIBILITY.** (IDAPA 15.01.01.021) Persons eligible to receive services under the Act shall be sixty (60) years of age or older and residents of the state of Idaho. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. (4-5-00)
1. **OAA Family Caregiver Eligibility Exceptions:** (OAA Section 372(a)(2))
- A. (2) GRANDPARENT OR OLDER INDIVIDUAL WHO IS A RELATIVE CAREGIVER.—The term “grandparent or older individual who is a relative caregiver” means a grandparent or step-grandparent of a child, or a relative of a **child by blood, marriage, or adoption** who is **55** years of age or older and—
1. (A) lives with the child;
 2. (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 3. (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
- B. **(b) RULE.—In providing services under this subpart—**
1. **(1) for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder; and**
 2. **(2) for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities.**
- 6.2. **PROGRAMS FOR OLDER PERSONS.** (IC 67-5008) The commission shall upon reviewing recommendations from local area councils on aging, as required by the Older Americans Act of 1965, as amended, allocate to local designated area agencies grants or contracts for the following purposes:
1. **Transportation** -- For operating expenses only.
 2. **Congregate meals** -- For direct costs to provide nutritionally balanced meals to older persons at congregate meal sites.
 3. **In-home services** -- For direct provision of:
 - A. Case management,
 - B. Homemaker,
 - C. Chore,
 - D. Telephone reassurance,
 - E. Home delivered meals,
 - F. Friendly visiting,
 - G. Shopping assistance,
 - H. In-home respite and other in-home services to older persons living in noninstitutional circumstances. Fees for specific services shall be based upon a variable schedule, according to rules established by the Idaho commission on aging, based upon ability to pay for such services. (Attachment: GU.AD.01. Sliding fee Scale)
 4. **Adult day care** -- For direct services to older persons and their caregivers.
 5. **Ombudsman** -- For provision of ombudsman services as described in section [67-5009](#), Idaho Code.
 6. **Disease Prevention and Health Promotion Services** (OAA 361 a-c)
- 6.3. **ADDITIONAL PROGRAMS.**

1. **Adult Protection Services.** (IC 67-5011) Adult protection services for vulnerable adults shall be administered through the commission as described in [chapter 53, title 39](#), Idaho Code, entitled "Adult Abuse, Neglect and Exploitation Act."
2. **Grants or Contracts for Demonstration Projects.** (IC 67-5010) The commission may, based on needs identified in Idaho's community based service system for the elderly through its state planning process and at its discretion, enter into grants or contracts with area agencies or service providers to demonstrate new or more effective methods of delivering the services listed in section [67-5008](#), Idaho Code. These one (1) time demonstration grants or contracts will not adversely affect the grants or contracts provided to local area agencies on aging described in section [67-5007](#), Idaho Code.

CHAPTER 7: INFORMATION AND ASSISTANCE

- 7.1. **INFORMATION AND ASSISTANCE.** (IDAPA 15.01.21.021)
1. **Area-Wide Information and Assistance (I&A) Service.** Each AAA shall directly provide area-wide toll-free I&A telephone service. (5-3-03)
 2. **Client Screening.** I&A shall provide client screening and appropriate referrals. (4-5-00) (Attachment: FO.AD.01. In-take Registration)
 3. **Client Assessment.** All screened clients requiring assessment shall be referred to case management or adult protection as appropriate. (4-5-00)
 4. **Reporting Requirements.** Each AAA shall maintain records as required by the ICOA. Such records shall include information about the purpose and date of incoming calls, referrals of callers to other service providers, and any follow-up information regarding the outcome of referrals. The AAA shall report to the ICOA the units of service attributable to the I&A services provided. (5-3-03)
- 7.2. **OLDER AMERICANS ACT DEFINITIONS FOR INFORMATION AND ASSISTANCE SERVICES.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—
1. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
 2. Assesses the problems and capacities of the individuals;
 3. Links the individuals to the opportunities and services that are available;
 4. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 5. Serves the entire community of older individuals, particularly—
 - A. Older individuals with greatest social need;
 - B. Older individuals with greatest economic need; and
 - C. Older individuals at risk for institutional placement.
- 7.3. **IDAPA DEFINITIONS FOR INFORMATION AND ASSISTANCE.** (IDAPA 15.01.21.010.02) Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
1. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
 2. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)
 3. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)

CHAPTER 8: CASE MANAGEMENT

8.1. **POLICY.** (IDAPA 15.01.01.056.01) Case management is a consumer-driven, social model case management service that empowers individuals and their families to make choices concerning in-home, community-based or institutional long-term care services. (4-5-00)

8.2. **ICOA RESPONSIBILITIES.**

1. Administer the Case Management Program	4. Develop standard Case Management forms
2. Onsite AAA program reviews	5. Develop Case Management manual
3. AAA Case Management training	

8.3. **AAA/CONTRACTOR RESPONSIBILITIES.**

1. Ensure qualifications of case management staff (IDAPA 15.01.01.056.02)	11. Carry insurance coverage for case management services (IDAPA 15.01.01.056.11)
2. Prioritize services (IDAPA 15.01.01.056.03)	12. Coordinate service delivery (IDAPA 15.01.01.056.11)
3. Conduct and initial screening of individuals to determine their needs for referral, assistance and advocacy (IDAPA 15.01.01.056.04) (Attachment: FO.AD.01. In-take Registration)	13. Conduct an orientation program for new case management employees (IDAPA 15.01.01.056.11)
4. Accept appropriate referrals from any source (IDAPA 15.01.01.056.05)	14. Maintain program and client records to provide an information system which assures accountability (IDAPA 15.01.01.056.11)
5. Enter into working agreements with primary community resources (IDAPA 15.01.01.056.06)	15. Provide a list of agencies that provide similar services (OAA Section 306(a)(8))
6. Utilize available informal supports before arranging for formal services (IDAPA 15.01.01.056.07)	16. Inform individuals of their right to make an independent choice of service providers (OAA Section 306(a)(8))
7. Conduct program intake and assessment (IDAPA 15.01.01.056.08) (Attachment: FO.AD.02. Uniform Assessment Instrument (UAI))	17. Assure case management meets the requirements for service neutrality (IDAPA 15.01.01.056.12)
8. Initiate referrals as appropriate (IDAPA 15.01.01.056.08)	18. Monitor case management activities for quality control and assurance (IDAPA 15.01.01.056.13)
9. Develop Supportive Service Plan (SSP) (IDAPA 15.01.01.056.09)	19. Obtain written consent and acceptance of Case Management Services and release of information forms (IDAPA 15.01.01.056.11) (Attachment: FO.AD.03. Release of Information)
10. Direct provider for case management services (IDAPA 15.01.01.056.11)	

8.4. **QUALIFICATIONS.** (IDAPA 15.01.01.056.02) Any person hired to fill the position of case manager or case management supervisor on or after July 1, 1998, shall have the qualifications identified in Subsections 010.09 and 010.11 of these rules. (4-6-05)

8.5. **SERVICE PRIORITY.** (IDAPA 15.01.01.056.03) Service priority is based on the following criteria: (7-1-98)

1. Require minimal assistance with one or more ADLs or IADLs; (7-1-98)
2. Require services from multiple health/social services providers; and (7-1-98)
3. Are unable to obtain the required health/social services for themselves; or (7-1-98)
4. Lack available formal or informal supports that can provide the needed assistance. (5-3-03)

8.6. **SCREENING AND REFERRAL.** (7-1-98) (IDAPA 15.01.01.056.04)

1. The purpose of screening is to determine whether an older person needs service referral, assistance and client advocacy, or is a potential case management client who should receive a home visit and a comprehensive assessment. (4-5-00)
2. Screening shall be provided over the telephone. Screening may also be provided in the field, if appropriate. (7-1-98)
3. Screening shall usually be accomplished by the Information and Assistance component, Adult Protection, provider, or by a community agency. However, case management may receive a direct referral of a potential client who has not been screened. In such cases, case management shall conduct screening or refer the potential client to the Information and Assistance component for screening. (5-3-03)
4. Pre-referral screening shall be performed to determine if a potential client meets the criteria for receipt of case management services. If the potential client meets the criteria and agrees to the referral, the client shall be referred for a comprehensive assessment utilizing the ICOA approved assessment instrument. (4-6-05) (FO.AD.02. Uniform Assessment Instrument (UAI))
5. Referrals who do not meet the criteria for Case Management Services shall be referred for other appropriate services. (4-5-00)
6. If notification was requested, the referral source shall be notified of case disposition following the screening. (7-1-98)

8.7. **REFERRAL FOR CASE MANAGEMENT.** (IDAPA 15.01.01.056.05) Referrals shall be accepted from any source and may include eligible clients who are seeking or already receiving other services. (4-5-00)

8.8. **WORKING AGREEMENTS.** (7-1-98) (IDAPA 15.01.01.056.06)

1. The Case Management Program is encouraged to enter into working agreements with primary community resources utilized by older persons. These resources may include AAA service providers, mental health centers, hospitals, home health agencies, legal services providers, and others. (4-6-05)
2. Working agreements should address at least the following: (4-6-05)
 - A. How long each party will take to respond to a request for service; (4-6-05)
 - B. Release of information procedures; (7-1-98)
 - C. Referral and follow-up procedures; (7-1-98)
 - D. How each party will notify the other of program changes and non-availability of service; and (4-6-05)
 - E. Procedures for working out problems between the two (2) parties. (7-1-98)

8.9. **CORE SERVICES.** (IDAPA 15.01.01.056.07) Case management provides responsible utilization of available informal (unpaid) supports before arranging for formal (paid) services. The case manager and client, or client's legal representative, shall work together in developing an SSP to establish the frequency and duration of needed services. Services shall be arranged subsequent to approval by the client or legal representative. Services provided shall be recorded and monitored to ensure cost effectiveness and compliance with the SSP. (5-3-03)

8.10. **PROGRAM INTAKE.** (4-6-05) (IDAPA 15.01.01.056.08)

1. **Normal Intake.** Except under circumstances where a case management waiting list exists, client contact shall be initiated within five (5) days of receipt of the referral, and an assessment shall be conducted within two (2) weeks of referral. (4-6-05)
 2. **Emergency Intake.** Referrals indicating a crisis or potential crisis such as a marked decline in health or functional status, hospital discharge, or adult protection referral require a home visit be conducted to assess service need within two (2) working days of receipt of referral. If appropriate and available, a homemaker shall be assigned and service shall be initiated immediately. Referrals assessed to need emergency service shall take precedence over applicants carried on a waiting list. (4-6-05)
 3. **Client Assessment.** To determine the level of need and the type of service needed, an AAA Case Manager or SST shall conduct an in-home assessment using the ICOA approved assessment instrument. Service alternatives shall be discussed and referrals initiated as appropriate. (5-3-03) (FO.AD.02 Uniform Assessment Instrument (UAI))
 4. **Assessment Coordination.** A client need not be re-assessed if an assessment completed within the past ninety (90) days by the Department provides the same information as the ICOA approved assessment instrument and the client signs a Release of Information form. A client assessment shall be completed if no current assessment from another agency is available. In either case, a home visit shall be included in the process of developing the client's individual SSP. (5-3-03) (F.O.AD.03. Release of Information)
- 8.11. **INDIVIDUAL SUPPORTIVE SERVICE PLAN (SSP).** (IDAPA 15.01.01.056.09) A supportive service plan shall be signed by the client or legal representative prior to initiation of services. (4-6-05)
1. **An approved plan.** Shall reflect needed services to be provided by available family or others. (7-1-98)
 2. **Revision of the SSP.** After services have been in place for one (1) month, the provider shall inform the AAA of any modifications it suggests be made to the SSP, such as changes in hours of service or tasks to be performed. (4-6-05)
 3. **Reassessments of SSP.** Case Management shall update the SSP at least annually. Any revisions to an SSP shall be initiated by the client prior to being put into effect. An SSP may be updated more often than annually if changes in a client's circumstances (i.e., functional or cognitive ability, living conditions, availability of supports) indicate a necessity for re-assessment. (4-6-05)
 4. **Client assessment** shall be conducted during a home visit and shall utilize the ICOA approved assessment instrument. (5-3-03) (FO.AD.02. Uniform Assessment Instrument (UAI))
 5. **SSP.** Based on the information obtained during the client assessment and input obtained from family or professionals familiar with the client, the case manager shall develop a written SSP which shall include at least the following: (4-5-00)
 - A. Problems identified during the assessment; (7-1-98)
 - B. Exploration of opportunities for family and other informal support involvement to be included in development of the SSP; (7-1-98)
 - C. Overall goals to be achieved; (7-1-98)
 - D. Reference to all services and contributions provided by informal supports including the actions, if any, taken by the case manager to develop the informal support services; (4-5-00)
 - E. Documentation of all those involved in the service planning, including the client's involvement; (7-1-98)
 - F. Schedules for case management monitoring and reassessment; (4-5-00)
 - G. Documentation of unmet need and service gaps; and (7-1-98)
 - H. References to any formal services arranged, including fees, specific providers, schedules of service initiation, and frequency or anticipated dates of delivery. (7-1-98)
 6. A copy of the current SSP shall be provided to the client or legal representative. (7-1-98)
 7. Case files shall be maintained for three (3) years following service termination. (7-1-98)

- 8.12. **OTHER SUPPORTIVE SERVICES.** (7-1-98) (IDAPA 15.01.01.056.10)
1. Necessary Services. Case managers shall assist clients to obtain available benefits, services, medically related devices, assistive technology, necessary home modifications, or other services required to fulfill unmet needs. (4-5-00)
 2. Social-Emotional Support. Case managers shall link clients and their families with available services which facilitate life adjustments and bolster informal supports. (4-5-00)
 3. Unmet Needs. To assist the AAA in future planning, case managers shall identify and document unmet client needs. (4-5-00)
 4. Other Resources. In all cases, other available formal and informal supports shall be explored prior to utilization of formal Aging Network services. (5-3-03)
- 8.13. **STRUCTURE AND ROLE.** (IDAPA 15.01.01.056.11) Case management is a centralized evaluator and arranger of services and provides those activities previously outlined under "Service Functions." AAAs shall be the direct provider for case management services. The AAA is responsible for the implementation of the case management program. (4-5-00)
1. Case managers shall coordinate service delivery between multiple agencies, individuals, and others. (4-5-00)
 2. Each AAA shall carry insurance covering case management services in the types and amounts which meet acceptable business and professional standards. (5-3-03)
 3. Each AAA shall conduct an orientation program for all new case management employees which covers, at least, local resources available, case management service delivery, confidentiality of information, and client rights. (4-6-05)
 4. In addition to the development and maintenance of the SSP, program and client records shall be maintained to provide an information system which assures accountability to clients, the Case Management Program, and funding agencies, and which supplies data for AAA planning efforts. The information system established shall comply with the following the ICOA requirements: (4-5-00)
 - A. NAPIS Registration Form; (7-1-98) (Attachments: FO.AD.01. In-take Registration; FO.NU.02. Congregate Meal Registration)
 - B. Completed the ICOA approved assessment instrument; (5-3-03) (Attachment: FO.AD.02. Uniform Assessment Instrument (UAI))
 - C. Pertinent correspondence relating specifically to the client; (7-1-98)
 - D. A narrative record of client and community contacts, including problems encountered and SSP modifications developed in response; (7-1-98)
 - E. Completed SSP, signed by the client; (7-1-98)
 - F. Written consent and acceptance of Case Management Services and release of information forms; (4-5-00) (Attachment: FO.AD.03. Release of Information)
 - G. Any other documentation necessary for systematic case management and SSP continuity. (4-5-00) (Attachments: FO.AD.04. Standard Income Declaration; GU.AD.01. Sliding Fee Scale)
- 8.14. **AREA PLANS.** (OAA, Section 306(a)(8)) Case management services provided under this title through the area agency on aging will— (Attachment: FO.AD.09. PSA AAA Area Plan Instructions)
1. (A) not duplicate case management services provided through other Federal and State programs;
 2. (B) be coordinated with services described in subparagraph (A); and
 3. (C) be provided by a public agency or a nonprofit private agency that—

- A. (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
- B. (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- C. (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- D. (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

8.15. **STANDARDS OF PERFORMANCE.** (IDAPA 15.01.01.056.12) AAAs shall assure case management meets the requirements for service neutrality. AAAs shall not be a direct provider of other in-home services, other than Adult Protection, without proper written justification and approval by the Administrator of the ICOA. (5-3-03)

8.16. **EVALUATION.** (IDAPA 15.01.01.056.13) Evaluation is required to assure quality control. The AAA is responsible for monitoring case management activities for quality control and assurance. The AAA shall review client records to determine: (4-5-00)

- 1. Services are being provided as outlined in the SSP; (7-1-98)
- 2. Services are meeting the goals established in the SSP; (7-1-98)
- 3. The client is satisfied with the service being provided; (7-1-98)
- 4. Changes in service have been authorized; (7-1-98)
- 5. The SSP continues to be cost-effective; (7-1-98)
- 6. Providers are noting observations and relating information about informal caregivers, additional actions required by the case manager, re-evaluations, amendments to the SSP, and client contacts. (4-5-00)

CHAPTER 9: OMBUDSMAN

9.1. ESTABLISHMENT/DESIGNATION/DEDESIGNATION.

1. **Area Plans** (OAA Section 306.(a)(9)) Provide assurances that the area agency on agency, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9) will expend not less than the total amount of funds appropriated under this Act and expended by the Agency in fiscal year 2000 in carrying out such a program under this title.
2. **State Plans** (OAA Section 307(a)(9)) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.
3. **Consumer Contributions, Cost sharing Exception** (OAA Section 315(a)(2) The State is not permitted to implement the cost sharing described in paragraph (1) for the following services:
 - A. (B) Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.
4. **Minimum Allotments for Ombudsman and Elder Abuse Programs.** (OAA Section 703(a)(2)(C)(i)) No State shall be allotted for a fiscal year, from the funds appropriated under section 702 and made available to carry out chapter 2, less than the amount allotted the State under section 304 in fiscal year 2000 to carry out the State Long-Term Care Ombudsman program under title III.
5. **State Long-Term Care Ombudsman Program** (OAA Section 712)
 - A. (a)
 1. (1) In General.—In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section—
 - a. (A) Establish and operate an Office of the State Long-Term Care Ombudsman; and
 - b. (B) Carry out through the Office a State Long-Term Care Ombudsman program.
 2. (2) Ombudsman. —The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.
 3. (5)
 - a. (A) Designation.—In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.
 - b. (C) Eligibility for Designation.—Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall—
 1. (i) have demonstrated capability to carry out the responsibilities of the Office;
 2. (ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves;
 3. (iii) in the case of the entities, be public or nonprofit private entities; and
 4. (iv) meet such additional requirements as the Ombudsman may specify. (Attachments: PO.OM.02. Complaint Initiation and Focus; PO.OM.04. Access to Residents; PO.OM.05. Resident Visitation; PO.OM.06. Resident Retaliation; PO.OM.07. Records and Reporting; PO.OM.08. Training and Continuing Education; PO.OM.09. Complaint

Against Ombudsman; PO.OM.10. Conflict of Interest; PO.OM.12. Program Information and Public Education; PO.OM.13. Program Monitoring and Review)

- B. (e) Consultation. In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.

6. **Office of Ombudsman for the Elderly** (IC 67-5009)

- A. The office of ombudsman for the elderly is hereby created within the commission. The ombudsman shall be responsible for:
 - 1. Receiving,
 - 2. Investigating and
 - 3. Resolving or closing complaints made by or on behalf of residents of long-term care facilities or persons aged sixty (60) years or older living in the community.
- B. For the purposes of implementing the provisions of this section, the commission is hereby authorized as follows:
 - 1. The administrator shall hire the state ombudsman for the elderly who shall be a person with the necessary educational background commensurate with the duties and responsibilities of the office of ombudsman and shall be a classified employee subject to the provisions of [chapter 53, title 67](#), Idaho Code.
 - 2. The ombudsman may delegate to designated local ombudsmen any duties deemed necessary to carry out the purposes of the provisions of this section.
 - 3. The ombudsman shall establish procedures for
 - a. Receiving and processing complaints,
 - b. Conducting investigations and reporting his findings.
 - c. He shall have jurisdiction to investigate administrative acts or omissions of long-term care facilities or state or county departments or agencies providing services to older people.
 - 1. An administrative act of a long-term care facility or state or county department or agency may become an appropriate subject for the ombudsman to investigate under certain circumstances. For example, the ombudsman may investigate such an act if it might be contrary to law, unreasonable, unfair, oppressive, capricious or discriminatory.
 - 2. The ombudsman may make a finding for an appropriate resolution to the subject matter of the investigation. (Attachment: GU.OM.01. Ombudsman Code of Ethics)

7. **Administrative Requirements** (IDAPA 15.01.03.020) Each AAA substate ombudsman program shall meet all administrative requirements as cited in OAA, Section 712 (a), and Title 67, Chapter 50, Idaho Code, Section 67-5009, unless granted a waiver by the ICOA. (7-1-98)

- A. Travel Funds. Each AAA shall provide travel funds for the substate ombudsman program to carry out activities related to complaint investigations. (7-1-98)
- B. Program Reviews. Each AAA shall submit to a program review of substate ombudsman programs at reasonable intervals deemed necessary by the ICOA. (Attachment: PO.OM.13. Program Monitoring and Review)

8. **Staffing** (IDAPA 15.01.03.021) Pursuant to the OAA, Section 712, in order to meet minimum requirements established for the position of substate ombudsman, each AAA shall seek applicants having the following qualifications. (7-1-98)

- A. Minimum Qualifications. Any person hired to fill the position of substate ombudsman on or after July 1, 1998, shall have: (7-1-99)
 - 1. A Bachelor's degree or equivalent; (3-30-01)
 - 2. Minimum of one (1) years' experience working with the elderly; (7-1-98)

3. Ability to effectively communicate verbally and in writing; (7-1-98)
4. Knowledge of long-term care issues and resources; (7-1-98)
5. Demonstrated ability to interpret and apply relevant local, state and federal laws, rules, regulations, and guidelines; (7-1-98)
6. Demonstrated ability to work independently; (7-1-98)
7. Demonstrated skill in interviewing techniques; and (7-1-98)
8. Demonstrated ability to collect data, conduct interviews and to form conclusions. (7-1-98)
(Attachment: GU.OM.01. Ombudsman Code of Ethics)
- B. Hiring. The Office shall be included in the process of interviewing and selecting applicants for the substate ombudsman position. The AAA shall make the final selection from the top three (3) applicants. (7-1-98)
9. **Designation of Authority of AAA** (IDAPA 15.01.03.031) The Office shall designate an entity as a substate ombudsman. (7-1-98)
 - A. Designation of Authority. Each AAA shall directly provide, through a contract agreement with the ICOA, a substate ombudsman program employing at least one (1) full-time substate ombudsman whose function shall be to carry out the duties of the Ombudsman for the Elderly Program.
 1. AAAs I, II, IV, V and VI shall employ one (1) full-time substate ombudsman;
 2. AAA III shall employ two (2) full-time substate ombudsmen.
 3. An AAA may petition the ICOA in writing for a waiver of this requirement. (7-1-98)
 - B. Grounds for Revocation or Termination. In revoking a designated substate ombudsman program, the ICOA shall provide due process in accordance with applicable law and IDAPA 04.11.01, Section 000, et seq., "Idaho Rules of Administrative Procedure of the Attorney General." (7-1-98)
 1. Following termination of a substate ombudsman program, the ICOA shall perform the duties of the substate program. (7-1-98)
 2. Following termination of a substate ombudsman program, the ICOA shall withdraw funding for the substate program for the remainder of the funding period. (7-1-98)
 3. An AAAs appeal of the ICOA's termination of its substate ombudsman program shall be governed by the Adjudicatory Rules of Practice and Procedures in Claims Relating to Contracts and Grants Funded under Title III, OAA. (7-1-98)

9.2. **PROGRAM FUNCTION**

1. **State Long-Term Care Ombudsman Program, Functions** (OAA Section 712(a)(3))
 - A. (a)(3) Functions-The Ombudsman shall serve on a fulltime basis, and shall, personally or through representatives of the Office—
 1. (A) Identify, investigate, and resolve complaints that
 - a. (i) Are made by, or on behalf of, residents; and
 - b. (ii) Relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of—
 1. (I) Providers, or representatives of providers, of long-term care services;
 2. (II) Public agencies; or
 3. (III) Health and social service agencies;
 2. (B) Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
 3. (C) Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);

4. (D) Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
 5. (E) Represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
 6. (F) Provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;
 7. (G)
 - a. (i) Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;
 - b. (ii) Recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and
 - c. (iii) Facilitate public comment on the laws, regulations, policies, and actions;
 8. (H)
 - a. (i) Provide for training representatives of the Office;
 - b. (ii) Promote the development of citizen organizations, to participate in the program; and
 - c. (iii) Provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
 1. (I) Carry out such other activities as the Assistant Secretary determines to be appropriate. (Attachments: GU.OM.01. Ombudsman Code of Ethics; PO.OM.02. Complaint Initiation and Focus)
- B. (a)(5) Designation of Local Ombudsman Entities and Representatives.—
1. (B) DUTIES.—An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency—
 2. i) provide services to protect the health, safety, welfare^[14] and rights of residents; (Attachment: FO.OM.01 Ombudsman Program Intake and Complaint Codes)
 3. (ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance; (Attachments: PO.OM.02 Complaint Initiation and Focus; PO.OM.04 Access to Residents)
 4. (iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;
 5. (iv) represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
 6. (v)
 - a. (I) review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and
 - b. (II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
 - c. (vi) support the development of resident and family councils; and
 - d. (vii) carry out other activities that the Ombudsman determines to be appropriate.

2. Office of Ombudsman for the Elderly(IC 67-5009)

- A. The ombudsman shall investigate any complaint which he determines to be an appropriate subject for investigation under this section.
- B. When the ombudsman investigates a complaint, he shall notify the complainant, if any, of the investigation and shall also notify the long-term care facility or the state or county department or agency affected by the investigation of his intent to investigate.
 - 1. However, if no investigation takes place, he shall inform the complainant of the reasons therefor. Records obtained by the ombudsman shall be subject to disclosure according to [chapter 3, title 9](#), Idaho Code.
- C. In an investigation of any complaint or administrative act of any long-term care facility or state or county department or agency providing services to older people, the ombudsman may undertake, but not be limited to, any of the following actions:
 - 1. Make the necessary inquiries and obtain such information he deems necessary.
 - 2. Hold private hearings.
 - 3. Enter during regular business hours, a long-term care facility or state or county department or agency's premises
- D. Following the investigation and upon his determination that particular subject matter should be further considered by the long-term care facility or state or county department or agency, an administrative act should be modified or canceled, a statute or regulation on which an administrative act is based should be altered, reasons should be given for an administrative act, or some other action should be taken by a long-term care facility or state or county department or agency, he shall report his opinions and recommendations to the respective parties.
- E. The ombudsman may request the parties affected by such opinions or recommendations to notify him within the specified time of any action taken by such parties on his recommendation.
- F. Following an investigation, the ombudsman shall consult with the particular parties before issuing any opinion or recommendation that is critical to such parties.
 - 1. The ombudsman shall notify the complainant in writing within a reasonable time from the date the investigation is terminated of any actions taken by him and the long-term care facility, or state or county department or agency to resolve any issues raised by the complaint.
- G. Nothing in this section shall be construed to be a limitation of the powers and responsibilities assigned by law to other state or county departments or agencies.
- H. Good Faith Performance. No representative of the office shall be liable for the good faith performance of official duties, and willful interference with representatives of the office is unlawful.
- I. Facility Prohibitions. Long-term care facilities are prohibited from reprisals or retaliation against a resident or employee filing a complaint with, or furnishing information to, the office.

3. Handling of Complaints (IDAPA 15.01.03.032)

The Ombudsman for the Elderly Program has jurisdiction to accept, identify, investigate, and resolve complaints made by, or on behalf of, persons aged sixty (60) or older, living in the community or in long-term care facilities. The Office and the substate ombudsmen shall ensure that persons aged sixty (60) or older have regular and timely access to services provided through the Office. The Ombudsman for the Elderly Program shall represent the interests of older persons before governmental agencies and shall seek to protect the health, safety, welfare and rights of older persons. (7-1-98) (Attachment: PO.OM.12 Program Information and Public Education)

- A. Non-Jurisdictional Complaints. Substate ombudsmen may respond to complaints made by or on behalf of under age sixty (60) long-term care residents where such action will: (7-1-98)

1. Benefit other residents; or (7-1-98)
2. Provide the only viable avenue of assistance available to the complainant.

9.3. **CONTRACTS AND ARRANGEMENTS**

1. **State Long-Term Care Ombudsman Program, Contracts and Arrangements** (OAA Section 712(a)(4))
 - A. (A) IN GENERAL.—Except as provided in subparagraph (B) the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.
 - B. (B) LICENSING AND CERTIFICATION ORGANIZATIONS; ASSOCIATIONS.—The State agency may not enter into the contract or other arrangement described in subparagraph (A) with—
 1. (i) an agency or organization that is responsible for licensing or certifying long-term care services in the State; or
 2. (ii) an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals
2. **Administration** (h) The State agency shall require the Office to—
 - A. (6) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under—
 1. (A) subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000^[16]; and
 2. (B) the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);
 - B. (7) coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 306(a)(2)(C), through adoption of memoranda of understanding and other means;
 - C. (8) coordinate services with State and local law enforcement agencies and courts of competent jurisdiction; and
 - D. (9) permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (6), or (7)
3. **Liability** (i) The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.
4. **Noninterference** (j) The State shall—
 - A. (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful;
 - B. (2) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and
 - C. (3) provide for appropriate sanctions with respect to the interference, retaliation, and reprisals. (42 U.S.C. 3058g) (Attachment: PO.OM.06 Resident Retaliation and Noninterference)
5. **Adult Protection and Ombudsman Coordination** (IDAPA 15.01.03.020.) Each AAA shall ensure that Adult Protection staff and the substate ombudsman maintain a written agreement establishing cooperative protocols in the investigation of complaints. (7-1-98) (Attachment: OP.OM.03. Duty to Report)
6. **State Agreements** (IDAPA 15.01.03.020.10) All substate programs shall honor and carry out state-level agreements between the Office and other agencies of government.

9.4. **POLICIES AND PROCEDURES**

1. **State Long-Term Care Ombudsman Program, Policies and Procedures** (OAA Section 712 (a)(5)(D))

- A. (i) **IN GENERAL.**—The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office. (Attachments: PO.OM.13. Program Monitoring and Review; PO.OM.09. Complaint Against Ombudsmen; PO.OM.07. Records and Reporting)
- B. (ii) **POLICIES.**—In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.
- C. (iii) **CONFIDENTIALITY AND DISCLOSURE.**—The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest. (Attachment: PO.OM.10. Conflict of Interest;
- 2. **Procedures** (OAA Section 712 (b)(2).—The State agency shall establish procedures to ensure the access described in paragraph (1) (Attachment PO.OM.04. Access to Residents)
- 3. **Disclosure** (OAA Section 712 (d))
 - A. (1) **IN GENERAL.**—The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files maintained by the program, including records described in subsection (b)(1) or (c).
 - B. (2) **IDENTITY OF COMPLAINANT OR RESIDENT.**—The procedures described in paragraph (1) shall—
 - 1. (A) provide that, subject to subparagraph (B), the files and records described in paragraph (1) may be disclosed only at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files and records); and
 - 2. (B) prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless—
 - a. (i) the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;
 - b. (ii) (I) the complainant or resident gives consent orally; and (II) the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or
 - c. (iii) the disclosure is required by court order
- 4. **Office of Ombudsman for the Elderly** (IC 67-5009) The ombudsman shall establish procedures for receiving and processing complaints, conducting investigations and reporting his findings.
- 5. **Administrative Requirements** (IDAPA 15.01.03.020)
 - A. **Procedures.** All substate ombudsmen shall follow procedures outlined in the Ombudsman for the Elderly Procedures Manual
 - B. **Space.** Each AAA shall provide space assuring privacy for substate ombudsmen to hold confidential meetings.
 - C. **Supervision.** Substate ombudsmen shall operate under the direct supervision of the Office for all complaint handling activities and are considered subdivisions of the Office. (7-1-98)
 - D. **Forms.** All substate ombudsmen shall utilize standardized forms provided by the Office. (Attachment: FO.OM.01. Ombudsman Program Intake and Complaint Codes)

9.5. ACCESS

- 1. **State Long-Term Care Ombudsman Program In General** (OAA Section 712)
 - A. **(b)(1) IN GENERAL.**—The State shall ensure that representatives of the Office shall have
 - 1. (A) access to long-term care facilities and residents; (Attachment: PO.OM.04 Access to Residents)

2. (B)
 - a. (i) appropriate access to review the medical and social records of a resident, if—
 1. (I) the representative has the permission of the resident, or the legal representative of the resident; or
 2. (II) the resident is unable to consent to the review and has no legal representative; or
 - b. (ii) access to the records as is necessary to investigate a complaint if—
 1. (I) a legal guardian of the resident refuses to give the permission;
 2. (II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and
 3. (III) the representative obtains the approval of the Ombudsman;
3. (C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and
4. (D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities. (Attachment: PO.OM.04 Access to Residents)

2. **Access** (IDAPA 15.01.03.033) The Office shall ensure that representatives of the Office have access to long-term care facilities and residents as well as appropriate access to medical and social records needed to investigate complaints. (7-1-98)

- A. **Visitation.** For visitation purposes, substate ombudsmen shall have access to long-term care facilities during regular business hours. Visiting substate ombudsmen shall: (7-1-98)
 1. Notify the person in charge upon entering the facility; (7-1-98)
 2. Be allowed to visit common areas of the facility and the rooms of residents if consent is given by the resident; and (7-1-99)
 3. Communicate privately and without restriction with any resident who consents to the communication. (7-1-98) (Attachment: PO.OM.05 Resident Visitation)
- B. **Investigation.** Substate ombudsmen shall have access to facilities for the purpose of conducting investigations. A substate ombudsman conducting an investigation shall: (7-1-98)
 1. Notify the person in charge upon entering the facility; (7-1-98)
 2. Be allowed to visit common areas of the facility and the rooms of residents if consent is given by the resident; (7-1-98)
 3. Seek out residents who consent to communicate privately; (7-1-98) d. Communicate privately and without restriction with any resident who consents to the communication; and (7-1-98)
 4. Inspect a resident's records under conditions set forth in the OAA, Section 712. (7-1-98)
- C. **Privacy.** Substate ombudsmen shall have statutory authority to visit facilities and residents in facilities unescorted by facility personnel. See Section 67-5009, Idaho Code.

9.6. **CONFLICT OF INTEREST**

1. **State Long-Term Care Ombudsman Program Designation of Local Ombudsman Entities and Representatives** (OAA Section 712)

- A. (a)(5)
 - a. (C) Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:
 1. (ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves.
- B. (f) **CONFLICT OF INTEREST.**—The State agency shall—

1. (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
 2. (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
 3. (3) ensure that the Ombudsman—
 - a. (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - b. (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - c. (C) is not employed by, or participating in the management of, a long-term care facility; and
 - d. (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
 4. (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as—
 - a. (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - b. (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts. (Attachments: PO.OM.10. Conflict of Interest; PO.OM. 01. HIPAA)
2. **Administrator Requirements** (IDAPA 15.01.03.020)
- A. 05 Conflict of Interest. The AAAs shall ensure that the substate ombudsmen shall not be part of an organization which: (7-1-98)
1. a. Is responsible for licensing and certifying skilled nursing or residential care facilities under IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho”; (7-1-98)
 2. b. Provides skilled nursing or living care or is an association of such a provider; or (7-1-98)
 3. c. May impair the ability of the substate ombudsmen to investigate and resolve complaints objectively and independently. (7-1-98)
3. **Handling of Complaints** (IDAPA 15.01.03.032)
- A. **Handling of Complaints.**
1. **Non-Jurisdictional Complaints.** Substate ombudsmen may respond to complaints made by or on behalf of under age sixty (60) long-term care residents where such action will:
 - a. Benefit other residents; or
 - b. Provide the only viable avenue of assistance available to the complainant
 2. **Conflict of Interest.** Substate ombudsmen shall refer to the Office any complaint involving the AAA staff or contractors. (Attachment: PO.OM.10. Conflict of Interest) (7-1-98)
 3. **Complaints.** Complaints concerning substate ombudsmen, or relative to a substate ombudsman’s official duties, shall be directly referred to the ICOA. The ICOA, upon completing an investigation of such complaint, shall provide findings and recommendations to the AAA. (7-1-98)

4. **Guardianship.** The substate ombudsmen shall not serve as an ex-officio or appointed member of any Board of Community Guardian, nor file an affidavit to the court for guardianship. (7-1-99)
5. **Court Visitor.** The substate ombudsmen shall not act as court visitor in any guardianship/ conservatorship proceeding concerning a past or current client. (7-1-98)
6. **Legal Documents.** Substate ombudsmen shall not, in their capacity as ombudsmen, act as a notary or a witness of signatures for legal documents. (7-1-98)

9.7. **TRAINING**

1. **Administration** (OAA Section 712(h))

- A. (h)(4)(A) not later than 1 year after the date of the enactment of this title, establish^[15] procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that—
 1. (A) specify a minimum number of hours of initial training;
 2. (B) specify the content of the training, including training relating to—
 - a. (i) Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
 - b. (ii) investigative techniques; and
 - c. (iii) such other matters as the State determines to be appropriate; and
 3. (C) specify an annual number of hours of in-service training for all designated representatives;
- B. (h)(5) prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) unless the representative—
 1. (A) has received the training required under paragraph (4); and
 2. (B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office; (Attachment: PO.OM.08. Training and Continuing Education)

9.8. **REPORTING SYSTEM**

1. **State Long-Term Care Ombudsman Program Reporting System** (OAA Section 712)

- A. (c) The State agency shall establish a statewide uniform reporting system to—
 1. (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and
 2. (2) submit the data, on a regular basis, to—
 - a. (A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;
 - b. (B) other State and Federal entities that the Ombudsman determines to be appropriate;
 - c. (C) the Assistant Secretary; and
 - d. (D) the National Ombudsman Resource Center established in section 202(a)(21).
- B. (h) Administration. The State agency shall require the Office to—
 1. (1) prepare an annual report—
 - a. (A) describing the activities carried out by the Office in the year for which the report is prepared;
 - b. (B) containing and analyzing the data collected under subsection (c);

- c. (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
 - d. (D) containing recommendations for—
 - 1. (i) improving quality of the care and life of the residents; and
 - 2. (ii) protecting the health, safety, welfare, and rights of the residents;
 - e. (E)
 - 1. (i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and
 - 2. (ii) identifying barriers that prevent the optimal operation of the program; and
 - f. (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- 2. (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
 - 3. (3)
 - a. (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding—
 - 1. (i) the problems and concerns of older individuals residing in long-term care facilities; and
 - 2. (ii) recommendations related to the problems and concerns; and
 - b. (B) make available the public, and submit to the Assistant Secretary, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities, and other appropriate governmental entities, each report prepared under paragraph (1); (Attachments: PO.OM.07. Records and Reporting; GU.OM.02. National Ombudsman Reporting System (NORS) Complaint Codes; GU.OM.03. NORS Basic Principles; GU.OM.04 NORS Instructions; GU.OM. 05. NORS Verification, Dispositions and Closing; GU.OM.06. NORS Case Complaint, Consultation; GU.OM.07. NORS Activity Chart)

2. **Administrative Requirements** (IDAPA 15.01.03.020.)

- A. **Program Report.** All substate ombudsman programs shall comply with the ICOA's reporting requirements. (7-1-98)
- B. **Program Reviews.** Each AAA shall submit to a program review of substate ombudsman programs at reasonable intervals deemed necessary by the ICOA.

9.9. **CONFIDENTIALITY AND DISCLOSURE**

- 1. **Office of Ombudsman for the Elderly** (IC 67-5009) Records obtained by the ombudsman shall be subject to disclosure according to [chapter 3, title 9](#), Idaho Code.
- 2. **Written Consent** (IDAPA 15.01.03.041.) The Office shall ensure appropriate access to review medical and social records of a resident. (See OAA, Section 712) (7-1-98)
 - A. **Resident Written Consent.** Access to confidential records requires the written consent of the resident or legal representative. (7-1-98)
 - B. **Lack of Consent.** If the client is unable to provide written or oral consent, or the legal representative is unavailable to provide consent, the substate ombudsmen, with approval of the

Office may inspect available client records, including medical records that are necessary for investigation of a complaint. (7-1-98)

- C. **Consent Refused.** If a substate ombudsman has been refused access to records by legal representative but has reasonable cause to believe that the legal representative is not acting in the best interest of the client, the substate ombudsman may, with the approval of the Office, inspect client records, including medical records. (7-1-98)
- D. **Requirements for Informing Client or Resident.** The substate ombudsman shall inform the complainant or resident regarding: (7-1-98)
 - 1. Who will receive the information; (7-1-98)
 - 2. What information will be disclosed; and (7-1-98) c. The purpose for which the information is being disclosed.

3. **Confidentiality** (IDAPA 15.01.03.042.)

- A. The Office shall be the custodian of all substate ombudsman program records including, but not limited to, records and files containing personal information relative to complainants and residents of long-term care facilities. Requests for release of confidential information shall be submitted to the Office for approval or denial. Release of information shall be granted pursuant to OAA, Section 721(e). (7-1-98)
 - 1. **Storage of Records.** Client records shall be maintained in locked storage. Case records inactive for two (2) years or longer may be expunged. As required by law, release of these records shall be limited to persons authorized by the Office. (7-1-98) (Attachment: PO.OM.07 Records and Reporting – **Records will be retained for 3 years.**)
 - 2. **Performance Evaluations.** For performance evaluation purposes, direct supervisors shall have access to client files maintained by substate ombudsmen. (7-1-98) (Attachment: OM.PO.13. Program Monitoring and Review).
 - 3. **Confidential Records.** Records to be safeguarded include, but are not limited to, long-term care and community-based complaint files including: (7-1-98)
 - a. Notes of interviews with complainants and clients or collateral contacts; (7-1-98)
 - b. All copies of residents' medical records or diagnoses; (7-1-98)
 - c. All records relevant to complaint investigations; (7-1-98)
 - d. All memoranda generated by the Office or by another agency office during the evaluation and resolution of a complaint; (7-1-98)
 - e. All photographs, video tapes, tape recordings, etc. pertaining to complaint investigation; (7-1-98)
 - f. All memoranda or letters generated during evaluation or resolution of a complaint; (7-1-98)
 - g. Written documentation that parties affected by ombudsman opinions or recommendations have been notified; and (7-1-98)
 - h. Information containing unverified complaints about long-term care facility owners, administrators, staff or other persons involved in the long-term care system or in other service programs. (7-1-98)
 - 4. **Request for Anonymity.** The ombudsman shall honor a resident's or complainant's request to remain anonymous. If investigation of a complaint requires that a resident's or complainant's name be divulged in order for the investigation to proceed, the ombudsman shall so inform the resident or complainant. If the resident or complainant insists on maintaining anonymity, the ombudsman may terminate the investigation. (7-1-98)

4. **Disclosure** (IDAPA 15.01.03.043.) The Office shall be the only entity having authority to authorize disclosure of substate ombudsmen files maintained by the program except when the ICOA is subpoenaed by the court to disclose pertinent records. (7-1-98)

9.10. **LEGAL COUNSEL.**

1. **State Long-Term Care Ombudsman Program Legal Counsel** (OAA Section 712)

A. (g)The State agency shall ensure that—

1. (1)
 - a. (A) adequate legal counsel is available, and is able, without conflict of interest, to—
 1. (i) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and
 2. (ii) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and
 - b. (B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and
2. (2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.

9.11. **ICOA/COMMISSION RESPONSIBILITIES.**

1. Designate an entity as a substate ombudsman (OAA Sec. 712(a)(5))	13. Ensure that the Office establishes and maintains a statewide reporting system (OAA Sec.712(h) and IC 67-5009) (Attachments: PO.OM.07. Records and Reporting; GU.OM.02. National Ombudsman Reporting System (NORS) Complaint Codes; GU.OM.03. NORS Basic Principles; GU.OM.04. NORS Instructions; GU.OM.05. NORS Verification, Disposition and Closing; GU.OM.06. NORS Case Complaint, Consultation; GU.OM.07. NORS Activity Chart)
2. Provide due process to the designated entity when revoking an ombudsman program (IDAPA 15.01.03.031)	14. Ensure that the Office establishes procedures for disclosure of information and files maintained by the program (OAA Sec. 712(d) and IDAPA 15.01.03.043)
3. Perform the duties of a terminated substate ombudsman program (IDAPA 15.01.03.031)	15. Ensure that adequate legal counsel is provided (OAA Sec. 712(g)(A))
4. Withdraw funding from a terminated substate program for the remainder of the funding period (IDAPA 15.01.03.031)	16. Ensure that the Office establishes training for all participants of the program (OAA Sec. 712(a)(3)(H)(i) and (h)(4)) (Attachment: PO.OM.08. Training and Continuing Education)
5. Provide assurances that Idaho will expend appropriate funding for the Ombudsman program (OAA Sec. 315(a)(2) and OAA Sec. 703(a)(2)(C))	17. Ensures that the Office provides technical assistance to designated ombudsman entities (OAA Sec. 712(a)(F))
6. Provide a qualified State Ombudsman (OAA Sec. 712(a)(2) and IC 67-5009) (Attachment: PO.OM.08. Training and Continued Education)	18. Ensure that the Office provides monitoring of designated programs (OAA Sec. 712(a)(D)(i) and IDAPA 15.01.03.020.08) (Attachment: PO.OM.13. Program Monitoring and Review)
7. In planning and operating the program the state agency shall consider the views of area agencies on aging (OAA Sec.712(e))	19. Ensure that the Office provides for coordination of ombudsman services with outside agencies (OAA Sec. 712(h)(6), (7) and (8) and IDAPA 15.01.03.020.10)
8. Ensure that persons aged sixty (60) and older have regular and timely access to services provided through the Office. (OAA Sec. 712(a)(D) and IC 67-5009 and IDAPA 15.01.03.032)	20. Ensure that no representative of the Office shall be liable for good faith performance of duties (OAA Sec. 712(i) and IC 67-5009)
9. Ensure that the Office provides direct supervision to all substate ombudsmen for all complaint handling activities and that they are subdivisions of the Office (OAA Sec. 712(a)(C) IC 67-5009 and IDAPA 15.01.03.020.03)	21. Ensure that willful interference with representative of
10. Ensure that the Office develops policies and procedures for designated programs of the Office to carry out the duties of the Ombudsman program	

<p>(OAA Sec.712(a)(5)(A), IC 67-5009 and IDAPA 15.01.03.020.01)</p> <p>11. Ensure that the Office develops policies and procedures regarding confidentiality and conflict of interest (OAA Sec. 712(a)(D)(ii) and (d)(1) and (f)(4) and IC 67-5009 and IDAPA 15.01.03.020.01)</p> <p>12. Ensure that the Office develops policies and procedures for general ombudsman access (OAA Sec. 712(b)(2), IC 67-5009 and IDAPA 15.01.03.020.01) (Attachment: PO.OM.04. Access to Residents; PO.OM.12. Program Information and Public Education)</p>	<p>the Office in the performance of the official duties shall be unlawful (OAA 712 Sec. (j) and IC 67-5009)</p> <p>22. Ensure that the Office participates in the process of interviewing and selecting applicants for the substate ombudsman position. (IDAPA 15.01.03.021.02)</p> <p>23. Ensure that the Office investigates any complaints concerning substate ombudsmen or any complaints relative to a substate ombudsman's official duties (OAA Sec. 712(a)(D)(i) IDAPA 15.01.03.032.03) (Attachment: PO.OM.09. Complaint Against Ombudsman)</p> <p>24. Ensure that the Office provides findings of any investigation against substate ombudsman to the designated entity (IDAPA 15.01.03.032.03)</p> <p>25. Provide the local entity with opportunity to appeal administrative decisions (IDAPA 15.01.03.003)</p>
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9.12. **AAA/CONTRACTOR RESPONSIBILITIES**

<p>1. Provide the Long Term Care Ombudsman Program as a direct service and meet all requirements as cited in (OAA Section 712, IC 67-5009, and IDAPA 15.01.03)</p> <p>2. Hire substate ombudsman who shall meet specified qualifications (OAA Sec.712(a)(C), IDAPA 15.01.03.021)</p> <p>3. Hire at least one full-time substate ombudsman with the exception that AAA III shall hire two. (OAA Sec. 712(a)(C) and IDAPA 15.01.03.031.01)</p> <p>4. Shall demonstrate capability to carry out the responsibility of the Office and be a public or nonprofit agency (OAA Sec. 712(a)(C) and IDAPA 15.01.03.031.01)</p> <p>5. Ensure that local ombudsmen operate under the direct supervision of the Office for all complaint handling activities (OAA Sec.712(a)(3) and IC 67-5009 and IDAPA 15.01.03.020.03)</p> <p>6. Shall be free of conflicts of interest and not stand to gain financially through an actual or potential action brought on behalf of individuals the Ombudsman serves (OAA Sec.712(f) and IDAPA 15.01.03.020.05)</p> <p>7. Provide services to identify, investigate, and resolve complaints that are made by, or on behalf of, residents; and relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (OAA Sec. 712(a) and IC 67-5009 and IDAPA 15.01.03.032)</p> <p>8. Ensure that residents in the designated service area have regular, timely access to representatives of the program, timely responses to complaints and requests for assistance (OAA Sec. 712(a)(B)(ii), IC 67-5009, IDAPA 15.01.03.033) (Attachment: PO.OM.04. Access to Residents)</p>	<p>9. Ensure that all ombudsmen honor a resident or complainant's request to remain anonymous (OAA Sec. 712(d)(2) and IDAPA 15.01.03.042.04)</p> <p>10. Ensure that local ombudsmen represent the interests of residents before government agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the resident</p> <p>11. Ensure that local ombudsman review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents. (OAA Sec. 712(a) and IC 67-5009 and IDAPA 15.01.03.032)</p> <p>12. Facilitate the ability of the public to comment on the laws, regulations, policies, and actions related to long term care (OAA Sec. 712(a)(G)(iii))</p> <p>13. Support the development of resident and family councils (OAA Sec. 712(a)(3)(H)(iii))</p> <p>14. Carry out other activities that the Office determines to be appropriate (OAA Sec. 712(a)(3)(I) and IC 67-5009)</p> <p>15. Submit to the Office any request for release of confidential information (OAA Sec. 712(d)and IDAPA 15.01.03.043)</p> <p>16. Maintain records in locked storage (IDAPA 15.01.03.042.01Comply with all reporting requirements of the Office (OAA Sec. 712(h) and IC 67-5009)) (Attachment: PO.OM. 07. Records and Reporting)</p> <p>17. Provide travel funds for the substate ombudsman to carry out designated activities (IDAPA 15.01.03.020.09)</p> <p>18. Honor and carry out state-level agreements between the Office and other agencies of government (OAA Sec. 712(h)(6) and (7) and (8) IDAPA 15.01.03.020.10)</p>
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CHAPTER 10: ADULT PROTECTION

10.1. **POLICY STATEMENT.** (IDAPA 15.01.02.020)(7-1-98)

1. The ICOA is charged by statute to provide AP services to ensure:
 - A. The vulnerable adult population in Idaho is protected from abuse, neglect and exploitation.
 - B. Protective services shall be provided that are the least restrictive to personal freedom and ensure the maximum independence of individuals served.
 - C. In protecting the vulnerable adult population, AP services are also intended to provide assistance to care giving families experiencing difficulties in maintaining functionally impaired relatives in the household.

10.2. **ADULT PROTECTION SERVICES.** (IC 67-5011) Adult protection services for vulnerable adults shall be administered through the commission. Adult protection services are specialized social services directed toward assisting vulnerable adults who are unable to manage their own affairs, carry out the activities of daily living or protect themselves from abuse, neglect or exploitation. Provision of services may be accomplished by contracting with each of the commission's local area agencies on aging. For the purposes of implementing the provisions of this section, the commission (AAAs) shall assume all responsibilities cited in chapter 53, title 39, Idaho Code, entitled "Adult Abuse, Neglect and Exploitation Act."

10.3. **ADMINISTRATIVE REQUIREMENTS.** (IDAPA 15.01.02.021)

1. In accordance with Section 67-5011, Idaho Code, the ICOA shall administer AP services through contracts with the AAAs.
2. Each AAA shall adhere to all administrative requirements relating to AP programs and those enumerated in IDAPA 15.01.01, "Rules Governing Senior Services Program," unless a waiver is granted by the ICOA. (4-6-05)
 - A. **Staffing.** Each AAA shall provide sufficient staffing to respond to AP complaints within the statutory time frames set forth in Section 39-5304 (2), Idaho Code. (7-1-98)
 - B. **Employee Qualifications.** Each AAA shall adhere to standards set forth in rule for the education and licensing of AP program employees, including requirements for the AP Supervisor, AP Worker and Supportive Services Technician. (4-2-08)
 - C. **Program Reporting and Records.** All AAA AP programs shall comply with the ICOA's requirements for reporting and investigative documentation, and shall utilize standardized forms provided by the ICOA. (7-1-98)
 - D. **Conflict of Interest.** AP program employees and their immediate families shall not hold a financial interest in agencies, organizations and entities providing care for vulnerable adults. (7-1-98)
 - E. **Program Reviews.** The ICOA shall conduct on site program reviews of the AAA AP programs upon prior notice, and at reasonable intervals determined by the ICOA. (7-1-98)

10.4. **PROVISION OF SERVICE REQUIREMENTS.** (IDAPA 15.01.02.022) In accordance with Section 67-5011, Idaho Code, each AAA shall assume all responsibilities cited in Title 39, Chapter 53, Idaho Code. (7-1-98)

1. **Direct Provision of Service.** Each AAA shall provide AP as a direct service. (4-5-00)
 - A. **Contracts.** Each AAA shall provide AP services pursuant to contracts delineating the duties and obligations of each AAA AP program. (4-6-05)

- B. Court Visitors. No AP worker shall serve as a court appointed visitor in a guardianship or conservatorship proceeding involving a proposed ward who is or has been the alleged victim in an AP investigation. (4-6-05)

10.5. DECLARATION OF POLICY. (IC 39-5301A)

1. It is the intent of the Adult Abuse, Neglect and Exploitation Act to:
 - A. Authorize the fewest possible restrictions on the exercise of personal freedom and religious beliefs consistent with a vulnerable adult's need for services and
 - B. Empower vulnerable adults to protect themselves.
2. The legislature recognizes that vulnerable adults:
 - A. Sometimes experience difficulties managing their own affairs.
 - B. Are unable to protect themselves from abuse, neglect or exploitation.
 - C. Often, cannot find others who are able or willing to provide assistance.
3. The commission is directed:
 - A. To investigate allegations of abuse, neglect, self-neglect or exploitation involving a vulnerable adult,
 - B. To make appropriate referrals to law enforcement, and
 - C. To arrange for the provision of necessary services.
 - D. Further the commission shall honor a vulnerable adult's freedom of choice and right to self-determination.
 - E. When it becomes necessary for the commission to assist a vulnerable adult:
 1. Actions shall be tempered by the requirements of due process and must place the fewest possible restrictions on personal freedom.
 - F. Services provided under this act are also intended to provide assistance to caregiving families experiencing difficulties in maintaining functionally impaired relatives in the household.
4. In the process of carrying out its adult protection responsibilities, the commission is directed to make effective use of multidisciplinary services available through any and all public agencies, community-based organizations, and informal resources.

10.6. ICOA/COMMISSION RESPONSIBILITIES.

1. Administer the adult protection services for vulnerable adults (IC 67-5011)	5. Submit Substantiated Case Report to Department of Health and Welfare (IDAPA 15.01.02.031) (IC 39-5304 and 39-5308) (Attachment: RP.AP.02. AAA Substantiated Case Report)
2. Administer AP services through Contracts with the AAAs (IDAPA 15.01.02.021)	6. Develop standard AP forms (IDAPA 15.01.02.021)
3. Onsite AAA program reviews (IDAPA 15.01.02.021)	7. The ICOA Director has authority to promulgate and enforce rules (IC 39-5312)
4. Make training available for Officers and employees of financial institutions (IC 39-5303)	

10.7. AAA/CONTRACTOR RESPONSIBILITIES.

1. Provide AP as a direct service (IDAPA 15.01.02.022)	10. Ensure appropriate supportive services and disclosure (IC 39-5306)
2. Ensure qualifications of AP staff (IDAPA 15.01.02.021)	11. Case closure (IDAPA 15.01.02.032) (Attachment: FO.AP.02. Case Closure)
3. Comply with reporting, investigative	12. Maintain closed cases in a suspense file until

<p>documentation and use of the ICOA standardized forms (IDAPA 15.01.02.021)</p> <p>4. Comply with investigative requirements (IDAPA 15.01.02.031)</p> <p>5. Develop a protective action plan for substantiated cases (IDAPA 15.01.02.031) (Attachment: FO.AP.01. Intake and Investigation)</p> <p>6. Maintain AP and Ombudsman coordination according to protocols (IDAPA 15.01.02.031)</p> <p>7. Maintain all AP vulnerable adult records as confidential (IDAPA 15.01.02.031)</p> <p>8. Duty to notify law enforcement (IC 39-5310) (Attachment: RP.AP.01. Report to Law Enforcement)</p> <p>9. Enlist cooperation of a peace officer to ensure the safety of a vulnerable adult (IC 39-5305)</p>	<p>formal action is completed by law enforcement and/or the courts (IDAPA 15.01.02.032)</p> <p>13. Ensure access to records (IC 39-5307)</p> <p>14. Perform the duties set forth for interagency cooperation (IC 39-5308)</p> <p>15. Initiate a review of each case as the AAA deems necessary to determine whether continuation or modification of the services provided is warranted (IC 39-5309)</p> <p>16. Make training available for Officers and employees of financial institutions (IC 39-5303)</p> <p>17. Submit Substantiated Case Report to the ICOA (IDAPA 15.01.02.031) (IC 39-5308(2)) (Attachment: RP.AP.02. AAA Substantiated Case Report)</p> <p>18. Submit Quarterly Progress Report (QPR) (IC 39-5304(1)) (Attachment: RP.AP.03 Quarter Progress Report (QPR))</p>
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10.8. **ADULT PROTECTION PROCEDURES.** (OAA Section 721 (b)(3)) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;

1. **Duty to Report Cases of Abuse, Neglect or Exploitation of Vulnerable Adults.** (IC 39-5303)

- A. Any physician, nurse, employee of a public or private health facility, or a state licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, ombudsman for the elderly, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or exploited shall immediately report such information to the commission or contractors.

Provided however, that nursing facilities defined in section [39-1301\(b\)](#), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department.

When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.

- B. Failure to report as provided under this section is a misdemeanor subject to punishment as provided in section [18-113](#), Idaho Code. If an employee at a state licensed or certified residential facility fails to report abuse or sexual assault that has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult as provided under this section, the department shall also have the authority to:
1. Revoke the facility's license and/or contract with the state to provide services;
 2. Deny payment;

3. Assess and collect a civil monetary penalty with interest from the facility owner and/or facility administrator;
4. Appoint temporary management;
5. Close the facility and/or transfer residents to another certified facility;
6. Direct a plan of correction;
7. Ban admission of persons with certain diagnoses or requiring specialized care;
8. Ban all admissions to the facility;
9. Assign monitors to the facility; or
10. Reduce the licensed bed capacity.

Any action taken by the department pursuant to this subsection shall be appealable as provided in [chapter 52, title 67](#), Idaho Code.

- C. Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being abused, neglected or exploited may report such information to the commission or its contractors.
- D. The commission and its contractors shall make training available to officers and employees of financial institutions in identifying and reporting instances of abuse, neglect or exploitation involving vulnerable adults.
- E. Any person who makes any report pursuant to this chapter, or who testifies in any administrative or judicial proceeding arising from such report, or who is authorized to provide supportive or emergency services pursuant to the provisions of this chapter, shall be immune from any civil or criminal liability on account of such report, testimony or services provided in good faith, except that such immunity shall not extend to perjury, reports made in bad faith or with malicious purpose nor, in the case of provision of services, in the presence of gross negligence under the existing circumstances.
- F. Any person who makes a report or allegation in bad faith, with malice or knowing it to be false, shall be liable to the party against whom the report was made for the amount of actual damages sustained or statutory damages in the amount of five hundred dollars (\$500), whichever is greater, plus attorney's fees and costs of suit. If the court finds that the defendant acted with malice or oppression, the court may award treble actual damages or treble statutory damages, whichever is greater.

2. Exemption from Duty to Report – Limited Application of Exemption. (IC 39-5303A)

- A. The requirements set forth in section [39-5303](#), Idaho Code, pertaining to the reporting of instances of abuse, neglect or exploitation of a vulnerable adult to the commission or the department shall not apply to situations involving resident-to-resident contact within public or private health facilities or state licensed or certified facilities which serve vulnerable adults, except in those cases involving sex abuse, death or serious physical injury that jeopardizes the life, health or safety of a vulnerable adult or repeated resident-to-resident physical or verbal altercations, not resulting in observable physical or mental injury, but constituting an ongoing pattern of resident behavior that a facility's staff are unable to remedy through reasonable efforts.
- B. This exemption applies only to reports involving resident-to-resident abuse that are to be directed to the commission or the department pursuant to section [39-5303](#), Idaho Code. This exemption shall not limit any other reporting obligation or requirement whether statutory or otherwise.

3. Reporting Requirements, Investigation, Emergency Access. (IC 39-5304(1))

- A. When a report is required pursuant to this chapter, such report shall be made immediately to the commission or appropriate contractor.

Provided however, that nursing facilities defined in section [39-1301\(b\)](#), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department.

If known, the report shall contain:

1. The name and address of the vulnerable adult; the caretaker; the alleged perpetrator;
2. The nature and extent of suspected abuse, neglect or exploitation; and
3. Any other information that will be of assistance in the investigation.

4. Investigative Requirements. (IDAPA 15.01.02.031)

- A. **Review of Allegations.** Upon receipt of a report of abuse, neglect or exploitation the AP worker shall conduct a review of the allegations of such report to determine whether: (5-3-03)
 1. The report was required to be made to the ICOA or its contractors pursuant to Section 39-5303, Idaho Code; (3-30-01)
 2. An emergency exists; and (3-30-01)
 3. In cases involving resident-to-resident contact reported pursuant to Section 39-5303(A), Idaho Code, determine whether the case involves the sexual abuse, death, or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, or involves repeated physical or verbal altercations between residents, not resulting in observable physical or mental injury, but constituting an ongoing pattern of resident behavior that a facility's staff is unable to remedy through reasonable efforts. (4-6-05)
- B. **Need for Investigation.** If, based on its review, the AP worker determines that a report involves a nursing facility defined in Section 39-1301(b), Idaho Code, and was required to be made to the department pursuant to Section 39-5303, Idaho Code, the AAA shall immediately refer the report to the department.
 1. If, based on its review, the AAA determines that a report involving resident-to-resident contact was exempted from reporting by Section 39-5303A, Idaho Code, no further investigation need be conducted on such report. The AAA shall investigate all other reports.
- C. **Vulnerability Determination.** Upon investigating an AP report, each AP worker shall determine whether an alleged victim is vulnerable as defined in Section 39-5302, Idaho Code.
 1. If the alleged victim is determined to be vulnerable as defined in Section 39-5302, Idaho Code, the AP worker shall continue the investigation.
 2. If the alleged victim is not vulnerable as defined in Section 39-5302, Idaho Code, the case shall be closed; however, the AP worker may refer the complaint to:
 - a. Information and Assistance,
 - b. Case Management,
 - c. The Ombudsman,
 - d. Law enforcement
 - e. Or other appropriate entity for investigation and resolution. (5-3-03)
- D. **Assessment of Alleged Victim.** An alleged victim's vulnerability and associated risk factors shall be determined through the administration of a risk assessment instrument or other standardized assessment forms. Initial interviews and assessments of an alleged victim shall be conducted by an AP worker. (4-6-05) (Attachment: FO.AP.04 Adult Functional Risk Assessment)
- E. **Investigative Determinations.** An AP worker shall make one (1) of two (2) investigative determinations upon completion of an AP investigation: (4-6-05)
 1. **Substantiated.** A report of abuse, neglect, or exploitation of a vulnerable adult by another individual is deemed substantiated when:

- a. Based upon limited investigation and review, the AP worker perceives the report to be credible.
 1. A substantiated report shall be referred immediately to law enforcement for further investigation and action. (Attachment: RP.AP.01. Report to Law Enforcement)
 2. Additionally, the name of the individual against whom a substantiated report was filed shall be forwarded to the department pursuant to Sections 39-5304(5) and 39-5308(2), Idaho Code, for further investigation.
 3. In substantiated cases of self-neglect, the AP worker shall initiate appropriate referrals for supportive services with the consent of the vulnerable adult or his legal representative. (4-6-05)
 2. Unsubstantiated. The AP worker shall close the file if a report of abuse, neglect, or exploitation by another individual of a vulnerable adult is not substantiated. If a report is not substantiated, but the AP worker determines that the vulnerable adult has unmet service needs, the AP worker shall initiate appropriate referrals for supportive services with consent of the vulnerable adult or his legal representative. (4-6-05)
- F. Protective Action Plan. Upon substantiating a report of abuse, neglect or exploitation of a vulnerable adult, the AP worker shall develop and implement a PAP. (5-3-03)
- G. Caretaker Neglect. In investigating a report of caretaker neglect, the AP worker shall:
 1. Take into account any deterioration of the mental or physical health of the caregiver resulting from the pressures associated with care giving responsibilities that may have contributed to the neglect of the vulnerable adult.
 - a. In such cases, the AP worker shall make every effort to assist the primary caregiver in accessing program services necessary to reduce the risk to the vulnerable adult.
 - b. In AP cases in which family members are experiencing difficulties in providing twenty-four (24) hour care for a functionally impaired relative, the AP worker shall make appropriate referrals to available community services to provide needed assistance. (5-3-03)
- H. Adult Protection and Ombudsman Coordination. The AAAs shall ensure that AP staff and the substate ombudsman maintain a written agreement establishing cooperative protocols in the investigation of complaints. (3-30-01) (Attachment: PO.OM.03. Duty to Report)
- I. Confidentiality. All records relating to a vulnerable adult and held by an AAA are confidential and shall only be divulged as permitted pursuant to Sections 39-5307, 39-5304(5), and 39-5308, Idaho Code, and IDAPA 15.01.01, "Rules Governing Senior Services Program," Section 028. (3-30-01)
5. **Reporting Requirements, Investigation, Emergency Access.** (IC 39-5304(2-5))
 - A. If the allegations in the report indicate that an emergency exists, the commission or contractor must initiate:
 1. An investigation immediately, and
 2. Initiate contact with the alleged vulnerable adult within twenty-four (24) hours from the time the report is received.
 3. All other investigations must be initiated within seventy-two (72) hours from the time the report is received.
 - B. The investigation shall include:
 1. A determination of the nature, extent and cause of the abuse, neglect, or exploitation,
 2. Examination of evidence and
 3. Consultation with persons thought to have knowledge of the circumstances and identification, if possible, of the person alleged to be responsible for the abuse, neglect or exploitation of the vulnerable adult.

- C. Where no emergency exists, the commission or contractor may determine, based on the review of the report and any initial inquiries, that an interview with the vulnerable adult is not necessary to the investigation.
 - 1. If the commission or contractor determines that an interview is necessary,
 - a. The preferred method of interviewing is by means of a personal visit with the vulnerable adult in the adult's dwelling.
 - b. Alternatively, the interview may occur in the local office of the commission or contractor, or by telephone conversation, or by any other means available to the commission or contractor.
 - c. Decisions regarding the method of conducting any interview will be within the discretion of the commission or contractor.
 - D. Upon completion of an investigation, the commission or contractor shall prepare a written report of the investigation. (Attachment: FO.AP.01. Intake and Investigation)
 - 1. The name of the person making the original report or any person mentioned in the report shall not be disclosed unless those persons specifically request such disclosure or unless the disclosure is made pursuant to the commission's duty to notify law enforcement as required in section [39-5310](#), Idaho Code, to a request to law enforcement for emergency access, a court order or hearing.
 - 2. If the abuse, neglect, or exploitation is substantiated to have occurred in a state certified or licensed facility, a copy of the findings shall be sent to the licensing and certification office of the department.
 - 3. If the commission or contractor determines that a report is unsubstantiated and that no other law has been violated, all records related to the report shall be expunged no later than three (3) years following the completion of the investigation.
6. **Inspections – Right of Entry.** (IC 39-5305)
- A. Upon receiving information that a vulnerable adult is alleged to be abused, neglected, or exploited, the commission or contractor shall cause such investigation to be made in accordance with the provisions of this chapter as is appropriate.
 - 1. In making the investigation, the commission or contractor shall use its own resources and may enlist the cooperation of peace officers.
 - 2. In an emergency any authorized commission employee or contractor shall enlist the cooperation of a peace officer to ensure the safety of the vulnerable adult, and they shall receive the peace officer's assistance.
 - 3. Assistance in an emergency may include entry on private or public property where a vulnerable adult is allegedly subject to abuse, neglect or exploitation, and the removal and transportation of the vulnerable adult to a medical facility, care-providing facility, or other appropriate and safe environment.
 - B. In a nonemergency, any peace officer may cooperate with an authorized commission employee or contractor in ensuring the safety of a vulnerable adult who has been abused, neglected or exploited, including a vulnerable adult living in a condition of self-neglect. Assistance shall only be provided with the consent of the vulnerable adult or his legal representative.
 - C. For the purposes of implementing or enforcing any provision of this chapter or any rule authorized under the provisions of this chapter, any duly authorized commission employee or contractor may, upon presentation of appropriate credentials at any reasonable time, with consent or in an emergency, enter upon any private or public property where a vulnerable adult allegedly is subject to abuse, neglect, or exploitation.

- D. All inspections and searches conducted under the provisions of this chapter shall be performed in conformity with the prohibitions against unreasonable searches and seizures contained in the fourth amendment to the constitution of the United States and article I, section 17, of the constitution of the state of Idaho. The state shall not, under the authority granted in this chapter, conduct warrantless administrative searches of private property except with consent, or in an emergency.
- E. If consent to entry is not given, a commission employee or contractor with the assistance of the county prosecutor may obtain, and any magistrate or district judge is authorized to issue a search warrant upon showing that probable cause exists to believe a vulnerable adult is subject to abuse, neglect or exploitation. Upon request of a commission employee or contractor, a peace officer shall serve the search warrant.

7. Supportive Services and Disclosure. (IC 39-5306)

- A. If there is substantiated abuse, neglect, or exploitation of a vulnerable adult, the commission or contractor has the responsibility to assist the adult in obtaining available services.
 - 1. Supportive Services Plan. (IDAPA 15.01.02.032.01) If determined necessary to reduce risk to a vulnerable adult, in substantiated cases and as part of a PAP, the AP worker shall refer the case to Case Management for the development and implementation of an SSP with the consent of the vulnerable adult or his legal representative. (4-6-05)
- B. If the commission or contractor develops a plan of supportive services for the vulnerable adult, the plan shall provide for appropriate supportive services available to the vulnerable adult that are least restrictive to personal freedom and shall provide encouragement for client self-determination and continuity of care.
- C. If the vulnerable adult does not consent to the receipt of reasonable and necessary supportive services, or if the vulnerable adult withdraws consent, services shall not be provided or continued.
 - 1. Documentation of Client Consent. (IDAPA 15.01.02.032.02) A vulnerable adult's consent, refusal to grant consent, or withdrawal of consent to an SSP shall be documented in the client case record. (5-3-03)
- D. If the commission or contractor determines that a vulnerable adult is an incapacitated person, as defined in section [15-5-101\(a\)](#), Idaho Code, mentally ill as defined in section [66-317](#), Idaho Code, or developmentally disabled as defined in section [66-402](#), Idaho Code, the commission or contractor may petition the court for protective proceedings, appointment of a guardian or conservator and such other relief as may be provided by [chapter 5, title 15](#), Idaho Code, and chapters 3 and 4, [title 66](#), Idaho Code.
- E. An employee or contractor of the commission shall not be appointed the guardian or conservator of a vulnerable adult unless the commission employee or contractor has a spousal or familial relationship with the vulnerable adult.

8. Case Closure. (IDAPA 15.01.02.032.03) (Attachment: FO.AP.02 Case Closure)

- A. Case Closure. AP shall close a case under the following circumstances:
 - 1. The AP worker shall close a substantiated case upon a determination that an initiated PAP, SSP or law enforcement involvement has successfully reduced the risk to the vulnerable adult. (5-3-03)
 - 2. The AP worker may close a substantiated case when the vulnerable adult refuses to consent to receive services, or upon a determination that the AAA has implemented all measures available to reduce risk but has been unable to reduce risk. (5-3-03)
 - 3. The AP worker may close a case if another program or agency has agreed to assume responsibility to monitoring and reviewing implementation of an SSP. (5-3-03)

4. A case shall be closed if the AP worker determines that an allegation has been made in bad faith or for a malicious purpose. (5-3-03)
9. **Suspense File.** (IDAPA 15.01.02.032.04)
 - A. Suspense File. Closed cases shall be maintained in a suspense file until formal action is completed by law enforcement and/or the courts in the following instances: (7-1-98)
 1. Cases referred by an AP worker to law enforcement for criminal investigation and prosecution as determined necessary by the law enforcement agency. (5-3-03)
 2. Cases referred by an AP worker for guardianship/conservatorship proceedings. (5-3-03)
10. **Access to Records.** (IC 39-5307)
 - A. Any person, department, agency or commission authorized to carry out the duties enumerated in this chapter shall have access to all relevant records, which shall be subject to disclosure according to [chapter 3, title 9](#), Idaho Code, and shall only be divulged with the written consent of the vulnerable adult or his legal representative. No medical records of any vulnerable adult may be divulged for any purpose without the express written consent of such person or his legal representative, or pursuant to other proper judicial process. (Attachment: FO.AD.03. Release of Information)
11. **Interagency Cooperation.** (IC 39-5308)
 - A. In performing the duties set forth in this chapter, the commission or contractor may request the assistance of the staffs and resources of all appropriate state departments, agencies and commissions and local health directors, and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Interagency cooperation shall include the involvement, when appropriate, of law enforcement personnel, department personnel, medical personnel, and any other person or entity deemed necessary due to their specialized training in providing services to vulnerable adults. Interagency cooperation may also include access to client information necessary for the provision of services to vulnerable adults.
 - B. The commission shall provide to the department on at least a quarterly basis a listing of all alleged perpetrators against whom an allegation of adult abuse, neglect or exploitation has been substantiated. Upon request, all available supportive information shall be provided to enable the department to conduct criminal background checks and other required investigations. (Attachment: RP.AP.02. AAA Substantiated Case Report)
 - C. The department shall provide to the commission or contractor any report received under this chapter from a nursing facility defined in section [39-1301\(b\)](#), Idaho Code, or an employee of such facility.
 - D. The commission or contractor shall provide the department with any report received under this chapter involving allegations of abuse, neglect or exploitation occurring in a nursing facility as defined in section [39-1301\(b\)](#), Idaho Code.
 - E. The commission, contractors and the department shall use interagency staffing when necessary and share client and facility information necessary to provide services to vulnerable adults.
12. **Coordination of Services.** (IC 39-5309) Subsequent to the authorization for the provision of reasonable and necessary emergency and support services, the commission or contractor shall initiate a review of each case at reasonable intervals over a reasonable period of time as the commission or contractor deems necessary based upon the circumstances in each individual case to determine whether continuation or modification of the services provided is warranted. A decision to continue the provision of such services should be made in concert with appropriate personnel from state agencies, departments, service providers and others, and shall comply with the consent provisions of this chapter.

13. **Effect of Actions Taken Pursuant to the Natural Death Act.** (IC 39-5311) Any action taken by a physician or health facility pursuant to an agreement with a vulnerable adult in accordance with the provisions of [chapter 45, title 39](#), Idaho Code, shall not be construed to constitute abuse, exploitation, or neglect, so long as it is consistent with the withholding or withdrawal of artificial life-sustaining procedures from a qualified patient.
14. **Rules.** (IC 39-5312) The director of the Commission shall have the authority to adopt, promulgate and enforce such rules as he deems necessary in carrying out the provisions of this chapter subject to the provisions of [chapter 52, title 67](#), Idaho Code.

CHAPTER 11: NUTRITION

11.1. RULES GOVERNING OLDER AMERICANS ACT SERVICES.

1. **Nutrition Services.** (IDAPA 15.01.21.011) The ICOA incorporates, by reference, all federal and state statutes and requirements governing the administration, operation and management of the congregate and home-delivered meal programs. (7-1-98)

11.2. SENSE OF CONGRESS RECOGNIZING THE CONTRIBUTION OF NUTRITION TO THE HEALTH OF OLDER ADULTS. (OAA Subpart 3, General Provisions, Section 339 Nutrition)

1. **(a) Findings.**—Congress finds that—
 - A. (1) good nutrition is vital to good health, and a diet based on the Dietary Guidelines for Americans may reduce the risk of chronic diseases such as cardiovascular disease, osteoporosis, diabetes, macular degeneration, and cancer;
 - B. (2) the American Dietetic Association and the American Academy of Family Physicians have estimated that the percentage of older adults who are malnourished is estimated at 20 to 60 percent for those who are in home care and at 40 to 85 percent for those who are in nursing homes;
 - C. (3) the Institute of Medicine of the National Academy of Sciences has estimated that approximately 40 percent of community-residing persons age 65 and older have inadequate nutrient intakes;
 - D. (4) older adults are susceptible to nutrient deficiencies for a number of reasons, including a reduced capacity to absorb and utilize nutrients, difficulty chewing, and loss of appetite;
 - E. (5) while diet is the preferred source of nutrition, evidence suggests that the use of a single daily multivitamin-mineral supplement may be an effective way to address nutritional gaps that exist among the elderly population, especially the poor; and
 - F. (6) the Dietary Guidelines for Americans state that multivitamin-mineral supplements may be useful when they fill a specific identified nutrient gap that cannot be or is not otherwise being met by the individual's intake of food.
2. **(b) Sense of Congress.** It is the sense of Congress that—
 - A. (1) meal programs funded by the Older Americans Act of 1965 contribute to the nutritional health of older adults;
 - B. (2) when the nutritional needs of older adults are not fully met by diet, use of a single, daily multivitamin-mineral supplement may help prevent nutrition deficiencies common in many older adults;
 - C. (3) use of a single, daily multivitamin-mineral supplement can be a safe and inexpensive strategy to help ensure the nutritional health of older adults; and
 - D. (4) nutrition service providers under the Older Americans Act of 1965 should consider whether individuals participating in congregate and home-delivered meal programs would benefit from a single, daily multivitamin-mineral supplement that is in compliance with all applicable government quality standards and provides at least 2/ 3 of the essential vitamins and minerals at 100 percent of the daily value levels as determined by the Commissioner of Food and Drugs.

11.3. ICOA/COMMISSION RESPONSIBILITIES.

1. Administer Nutrition services through contracts with the AAAs (IC 67-50008)	5. Develop Policies to implement the Nutrition Program (IDAPA 15.01.20.10.05)
2. Provide an approved assessment instrument for HDM	

clients IDAPA (15.01.01.022) (Attachment: FO.AD.02. Uniform Assessment Instrument (UAI)) 3. Provide approval of client disclosure to persons conducting research and groups outside the aging network (IDAPA 15.01.01.026.01 and .03) 4. Onsite AAA program reviews (Title 67-5007)	6. Ensure reasonable distribution of NSIP Funds (OAA 311(d)(4)) 7. Ensure payments of NSIP funds are conducted in an efficient manner (OAA 311 (d)(4)) 8. Provide the statewide plan for equitable distribution of NSIP payments (OAA 311 (b)(1))
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11.4. AAA/CONTRACTOR RESPONSIBILITIES.

1. Screen and assess participants of the nutrition program for eligibility. (OAA 339 (J)) (Attachments: FO.NU.02. Congregate Meal Registration; FO.AD.02. Uniform Assessment Instrument (UAI)) 2. Maintain program and client records to provide an information system which assures accountability (IDAPA 15.01.01.056.11(d)) 3. Provide clients with right to appeal (IDAPA 15.01.01.028.04) (Attachment: PO.AD.01. Appeals Process) 4. Ensure the termination of meals and the denial of service is done according to (IDAPA 15.01.01.028) 5. Clients are assessed utilizing the ICOA approved assessment instrument (IDAPA 15.01.01.022) (Attachment: FO.AD.02. Uniform Assessment Instrument (UAI)) 6. Collect and report meal counts to the ICOA (IDAPA 15.01.20.056) by 1 st of November each year 7. All NSIP cash must be liquidated by the AAA within 90 days from the end of the Federal Fiscal Year <u>Manage contracts with meals sites to ensure:</u> 1. Proper frequency of the delivery of nutritional services (OAA 331 and 336) 2. Compliance to State Food and Safety laws (IDAPA 15.01.21.011) 3. Solicitation and advice of experts in meal planning (OAA 339 (1))	4. Meal Providers offer meals 5 or more days a week except in rural areas (OAA 336) 5. Adhere to rules on the solicitation of donations and fees (IDAPA 15.01.01.025.07) 6. Provide nutrition education to the participants of the nutrition program (OAA 339) 7. Clarifying client donation process and procedure is provided in Attachment GU.NU.03 (Donated Food Program) for guidance to Nutrition Providers who participate in the Feeding America Program. In the management of nutrition provider's contracts, the AAAs are responsible for OAA and SSA compliance not the enforcement of Feeding American policies <u>NSIP</u> 1. The AAA will provide the ICOA with a plan on how they will distribute NSIP funds to meal sites based on units from the prior year. (OAA 311, a-b (1)) 2. Report to the ICOA how the funds were distributed the prior year (IDAPA 15.01.20.056) (Attachment: PO.NU.01 NSIP Cash Distribution)
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11.5. SUBPART 3 GENERAL PROVISIONS, NUTRITION. (OAA Section 339) A State that establishes and operates a nutrition project under this chapter shall—

1. **Solicit Expertise of Dietitian.** (1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and
2. **Meal Requirements.** (2) ensure that the project—
 - A. (A) provides meals that –
 1. (i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and
 2. (ii) provide to each participating older individual—
 - a. (I) a minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,

- b. (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - c. (III) 100 percent of the allowances if the project provides three meals per day, and
 - 3. (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
- B. (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
- C. (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
- D. (D) where feasible, encourages **joint** arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
- E. (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
- F. (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,
- G. **(G) ensures that meal providers solicit the advice and expertise of—**
 - 1. **(i) a dietitian or other individual described in paragraph (1),**
 - 2. **(ii) meal participants, and**
 - 3. **(iii) other individuals knowledgeable with regard to the needs of older individuals,**
- H. (H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with older individuals eligible under this chapter,
- I. (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided,
- J. **(J) provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate, and**
- K. **(K) encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.**
(42 U.S.C. 3030g–21)
- 3. **Safety Standards.** (IDAPA 15.01.21.011(b)(c))
 - A. The AAA shall ensure providers comply with all state and local fire, health, sanitation, safety, building, and zoning laws, ordinances, or codes;
 - B. Have a valid permit to operate a food service establishment: (7-1-98)
 - 1. Are in compliance with the Federal Occupational Safety and Health Administration (O.S.H.A.) requirements; (7-1-98)
 - 2. Pass the Food Safety and Sanitation course in compliance with IDAPA 16.02.19, Subsection 400.02, "Rules Governing Food Safety and Sanitation Standards for Food Establishments (UNICODE)"; and (7-1-98)
 - 3. Comply with the provisions of the Americans with Disabilities Act (PL 101-336). (7-1-98)

4. **Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code).**

A. These Rules Apply to Food Establishments. (IDAPA 16.02.19.001.03)

1. Food establishments as defined in Section 39-1602, Idaho Code must follow these rules. Those facilities include but are not limited to the following:
 - a. Restaurants, catering facilities, taverns, kiosks, vending facilities, commissaries, cafeterias, mobile food facilities, temporary food facilities; and (4-6-05)
 - b. (b) Schools, senior centers, hospitals, residential care and treatment facilities, nursing homes, correctional facilities, camps, food banks, and church facilities.

5. **Donation and Fees.**

A. Client Contributions. (IDAPA 15.01.01.025. 07)

1. Client Contributions. All clients from whom a cost sharing payment is not required shall be given the opportunity to make voluntary contributions. (4-6-05)

11.6. **NUTRITION SERVICES INCENTIVE PROGRAM (NSIP).** (OAA Section 311 (a))

1. **Purpose.** (a) The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.
2. **Cash Distribution Plans.** (b) (Attachment: FO.NU.01. NSIP Cash Distribution)
 - A. (1) The Secretary shall allot and provide, in accordance with this section, to or on behalf of each State agency with a plan approved under this title for a fiscal year, and to or on behalf of each grantee with an application approved under title VI for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of meals served by the title VI grantee, under such application approved for such preceding fiscal year), bears to the total number of such meals served in all States and by all title VI grantees under all such plans and applications approved for such preceding fiscal year.
 - B. (2) For purposes of paragraph (1), in the case of a grantee that has an application approved under title VI for a fiscal year but that did not receive assistance under this section for the preceding fiscal year, the number of meals served by the title VI grantee for the preceding fiscal year shall be deemed to equal the number of meals that the Assistant Secretary estimates will be served by the title VI grantee in the fiscal year for which the application was approved.
3. **Agricultural Commodities.** (c)
 - A. (1) Agricultural commodities (**including bonus commodities**) and products purchased by the Secretary of Agriculture under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c), shall be donated to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this title.
 - B. (2) The Commodities Credit Corporation shall dispose of food commodities (**including bonus commodities**) under section 416 of the Agricultural Act of 1949 (7 U.S.C. 1431) by donating them to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this title.
 - C. (3) Dairy products (**including bonus commodities**) purchased by the Secretary of Agriculture under section 709 of the Food and Agriculture Act of 1965 (7 U.S.C. 1446a-1) shall be used to meet the requirements of programs providing nutrition services in accordance with the provisions of this title.
 - D. **(4) Among the commodities provided under this subsection, the Secretary of Agriculture shall give special emphasis to foods of high nutritional value to support the health of older**

individuals. The Secretary of Agriculture, in consultation with the Assistant Secretary, is authorized to prescribe the terms and conditions respecting the provision of commodities under this subsection.

4. Commodity Election and Disbursement of Funds. (d)

- A. (1) Each State agency and each title VI grantee shall be entitled to use all or any part of amounts allotted under subsection (b) to obtain, subject to paragraphs (2) and (3), from the Secretary of Agriculture commodities available through any food program of the Department of Agriculture at the rates at which such commodities are valued for purposes of such program.
- B. (2) The Secretary of Agriculture shall determine and report to the Secretary, by such date as the Secretary may require, the amount (if any) of its allotment under subsection (b) which each State agency and title VI grantee has elected to receive in the form of commodities. Such amount shall include an amount bearing the same ratio to the costs to the Secretary of Agriculture of providing such commodities under this subsection as the value of commodities received by such State agency or title VI grantee under this subsection bears to the total value of commodities so received.
- C. (3) From the allotment under subsection (b) for each State agency and title VI grantee, the Secretary shall transfer funds to the Secretary of Agriculture for the costs of commodities received by such State agency or grantee, and expenses related to the procurement of the commodities on behalf of such State agency or grantee, under this subsection, and shall then pay the balance (if any) to such State agency or grantee. The amount of funds transferred for the expenses related to the procurement of the commodities shall be mutually agreed on by the Secretary and the Secretary of Agriculture. The transfer of funds for the costs of the commodities and the related expenses shall occur in a timely manner after the Secretary of Agriculture submits the corresponding report described in paragraph (2), and shall be subject to the availability of appropriations. Amounts received by the Secretary of Agriculture pursuant to this section to make commodity purchases for a fiscal year for a State agency or title VI grantee shall remain available, only for the next fiscal year, to make commodity purchases for that State agency or grantee pursuant to this section.
- D. (4) Each State agency and title VI grantee shall promptly and equitably disburse amounts received under this subsection to recipients of grants and contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects.
- E. (5) Nothing in this subsection shall be construed to require any State agency or title VI grantee to elect to receive cash payments under this subsection.

5. Authorization to Carry out Section. (e) There are authorized to be appropriated to carry out this section (other than subsection (c)(1)) such sums as may be necessary for fiscal year 2007 and such sums as may be necessary for each of the 4 succeeding fiscal years.

6. Disseminate Information. (f) In each fiscal year, the Secretary and the Secretary of Agriculture shall jointly disseminate to State agencies, title VI grantees, area agencies on aging, and providers of nutrition services assisted under this title, information concerning the foods available to such State agencies, title VI grantees, area agencies on aging, and providers under subsection (c).
(43.S.C. 3030a)

11.7. COMMODITY CASH IN LIEU/COMMODITY ELECTION. (IDAPA 15.01.21.011.02)

1. **Commodity Program Participation Requirements.** All AAA nutrition service providers shall choose annually to participate in the USDA Eighty/Twenty (80/20) or One Hundred Percent (100%) Cash-In-Lieu Commodity program. (7-1-99)

11.8. **SUBPART 1 - CONGREGATE NUTRITION SERVICES**

1. **Purposes.** (OAA, Section 330)
 - A. (1) To reduce hunger and food insecurity;
 - B. (2) To promote socialization of older individuals; and
 - C. (3) To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.
2. **Authorization.** (OAA Section 331) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition **projects that—**
 - A. (1) 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;
 - B. (2) Shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and
 - C. (3) Provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants. (42 U.S.C. 3030e)
3. **Eligibility.**
 - A. (IDAPA 15.01.01.021)
 1. Persons eligible to receive services under the Act shall be sixty (60) years of age or older and residents of the state of Idaho.
 2. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. (4-5-00)
 - B. (OAA 339(2)(H) and (I)) A State that establishes and operates a nutrition project under this chapter shall—
 1. (H) Ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to
 - a. participating older individuals, to individuals providing volunteer services during the meal hours, and to
 - b. individuals with disabilities who reside at home with older individuals eligible under this chapter,
 2. (I) Ensures that nutrition services will be available to older individuals and to
 - a. their spouses, and
 - b. may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.
4. **Screening.** (OAA Section 339(J)) (Attachment: FO.NU.02. Congregate Meal Registration)
 - A. A State that establishes and operates a nutrition project under this chapter shall ensure that the project.

- B. Provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.

11.9. **SUBPART 2 - HOME DELIVERED NUTRITION SERVICES.**

1. **Program Authorized.** (OAA Section 336)

- A. The Assistant Secretary shall establish and carry out a program to make grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects for older individuals that provide—
 - 1. (1) On 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by rule) and a lesser frequency is approved by the State agency) at least 1 home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and
 - 2. (2) Nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. (42 U.S.C. 3030f)

2. **Eligibility.**

A. (IDAPA 15.01.01.021)

- 1. Persons eligible to receive services under the Act shall be sixty (60) years of age or older and residents of the state of Idaho.
- 2. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. (4-5-00)

B. (OAA 339(2)(H) and (I)) A State that establishes and operates a nutrition project under this chapter shall—

- 1. (H) Ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to
 - a. Participating older individuals, to individuals providing volunteer services during the meal hours, and to
 - b. Individuals with disabilities who reside at home with older individuals eligible under this chapter,
- 2. (I) Ensures that nutrition services will be available to older individuals and to
 - a. their spouses, and
 - b. may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.

C. (IDAPA 15.01.21.011.01(a)) Client's eligibility to receive home-delivered meals shall be based upon the degree to which ADLs/ IADLs limit ability to independently prepare meals. (7-1-98)

3. **Screening.** (OAA Section 339(J)) (Attachment: FO.AD.01 In-take Registration)

- A. A State that establishes and operates a nutrition project under this chapter shall ensure that the project-
 - 1. Provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.

4. **Client Assessment.** (IDAPA 15.01.01.022) (Attachment: FO.AD.02. Uniform Assessment Instrument (UAI))

- A. Applicants for services under this chapter shall be assessed utilizing the ICOA approved assessment instrument. (4-6-05)

CHAPTER 12: OTHER AAA CONTRACTED SERVICES

12.1. **TRANSPORTATION.** (IC 67-5008(1)) For operating expenses only

1. **Transportation.** (IDAPA 15.01.21.023.)

- A. 01. Available Services. Each AAA, in accordance with Section 306, OAA, shall assure that continuing efforts are made to make transportation services available to older individuals residing within the geographical boundaries of the PSA. (7-1-98)
- B. 02. Transportation to Meal Sites. Where appropriate, the AAA shall assure transportation to congregate meal sites is available. (7-1-98)

12.2. **IN-HOME SERVICES.** (IC 67-5008(3)) In-home services - For direct provision of case management, homemaker, chore, telephone reassurance, home delivered meals, friendly visiting, shopping assistance, in-home respite and other in-home services to older persons living in noninstitutional circumstances. Fees for specific services shall be based upon a variable schedule, according to rules established by the Idaho commission on aging, based upon ability to pay for such services.

1. **Case Management.** See Chapter 8

2. **Homemaker.** (IDAPA 15.01.01.040)

- A. Policy. Homemaker service is designed to provide assistance required to compensate for functional or cognitive limitations. Homemaker services provide assistance to eligible individuals in their own homes, or, based on an Adult Protection referral, in a caregivers home; to restore, enhance, or maintain their capabilities for self-care and independent living. Available family shall be involved in developing a supportive services plan for the client to ensure the formal services provided shall enhance any available informal supports provided. A client or legal representative shall have the right to accept or refuse services at any time. The AAAs may reserve funds to support the expenditure of up to a maximum of ten percent (10%) of their annual Act Homemaker Service funding to support emergency service requests and response to Adult Protection referrals of individuals aged sixty (60) years or older. (4-6-05)
- B. Service Eligibility. Individuals are eligible for homemaker services if they meet any of the following requirements: (7-1-98)
 - 1. They have been assessed to have ADL deficits, IADL deficits, or both, which prevent them from maintaining a clean and safe home environment. (4-6-05)
 - 2. Clients aged sixty (60) years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is the primary caregiver. (4-6-05)
 - 3. They are Adult Protection referrals for whom homemaker service is being requested as a component of an SSP to remediate or resolve an adult protection complaint. (4-6-05)
 - 4. They are home health service or hospice clients who may be eligible for emergency homemaker service. (5-3-03)
- C. Medicaid HCBS (Home and Community Based Services). When clients are determined by the Department to be eligible for Medicaid HCBS, they are no longer eligible for homemaker services unless the services are determined to be needed on an interim, emergency basis until Medicaid HCBS is initiated. (4-6-05)
- D. Purpose of Service. (7-1-98)

1. Maintain Independence and Dignity. To secure and maintain in a home environment the independence and dignity of clients who are capable of self-care with appropriate supportive services. (7-1-98)
2. Prevent Institutionalization. To avoid or delay placement into long-term care institutions. (7-1-98)
3. Remedy Harmful Living Arrangements. To promote the health and safety of the client. (7-1-98)
4. Crisis Intervention. To assist the client through a crisis situation, if the homemaker service required meet the client's needs and can be provided within the guidelines set forth in these rules. (7-1-98)
- E. Exclusions. (7-1-98)
 1. Meal Preparation. Homemakers shall not prepare meals for a client if home-delivered meals are available. (7-1-98)
 2. Transportation. Homemakers shall not transport a client. (4-6-05)
 3. Medical Judgments. Homemakers shall not make medical judgments nor any determinations regarding the application of advance directives. (7-1-98)
 4. Bathing and Washing Hair. Providers shall obtain adequate and appropriate insurance coverage prior to assigning their homemakers to assist clients with bathing or washing hair, or both. (5-3-03)
- F. Service Priority. Once approved, clients shall be prioritized to receive homemaker services based on their needs, as determined through the completion of the ICOA approved assessment instrument as follows: (5-3-03)
 1. Highest priority shall be given to clients with the greatest degree of functional or cognitive impairment; then (7-1-98)
 2. To clients lacking other formal or informal supports, or both; then (5-3-03)
 3. To clients whose homes are in poor condition with respect to those circumstances which the homemaker service can remedy. (7-1-98)
- G. Program Intake. (4-6-05)
 1. If homemaker services are to be provided, the income declaration and Supportive Services Plan shall be completed prior to any work being performed. (4-6-05)
 2. If the client is not eligible for services, appropriate referrals shall be made. (4-6-05)
3. **Chore** (IDAPA, 15.01.01.041)
 - A. Policy. Chore service is designed to be provided to individuals who reside in their own homes or who occupy individual rental units. Chore services for those individuals who rent housing shall not provide repairs or maintenance that are the contractual responsibility of the property owner. (4-6-05)
 - B. Service Eligibility. Clients qualify to receive chore service if: (7-1-98)
 1. They have been assessed to have ADL or IADL deficits which inhibit their ability to maintain their homes or yards; (7-1-98)
 2. There are no available formal or informal supports; (5-3-03)
 3. Chore service is needed to improve the client's safety at home or to enhance the client's use of existing facilities in the home. These objectives shall be accomplished through one-time or intermittent service to the client. (3-19-99)
 - C. Service Priority. Service provision shall be prioritized based on client's degree of functional impairment. (7-1-98)
 - D. Program Intake. (4-6-05)

1. If chore services are to be provided, the income declaration and Supportive Service Plan shall be completed prior to any work being performed. (4-6-05)
 2. If the client is not eligible for services, appropriate referrals shall be made. (7-1-98)
4. **In-home Respite** (IDAPA 15.01.01.043.)
- A. Policy. Respite is a Home and Community Based Service designed to encourage and support efforts of caregivers to maintain functionally or cognitively impaired persons at home. Paid respite staff and volunteers provide companionship or personal care services, or both, when needed and appropriate for the care recipient and the caregiver. Respite services may include, but are not limited to, the following: (4-6-05)
 1. Meeting emergency needs; (4-6-05)
 2. Restoring or maintaining the physical and mental wellbeing of the caregivers; (4-6-05)
 3. Providing socialization for the care recipient. (4-6-05)
 - B. Eligibility. (7-1-98)
 1. The care recipient shall have physical or cognitive impairments affecting ADL or IADL functioning to the extent twenty-four (24) hour care or supervision is required. (4-6-05)
 2. A caregiver sixty (60) years of age or older residing with an eligible care recipient who is under sixty (60) years of age is eligible to receive Respite. (4-6-05)
 3. A caregiver under sixty (60) years of age residing with an eligible care recipient aged sixty (60) years or older is eligible to receive Respite. (4-6-05)
 - C. OAA Family Caregiver Eligibility Exceptions: (OAA Section 372(a)(2))
 4. (2) GRANDPARENT OR OLDER INDIVIDUAL WHO IS A RELATIVE CAREGIVER.—The term “grandparent or older individual who is a relative caregiver” means a grandparent or step-grandparent of a child, or a relative of a **child by blood, marriage, or adoption** who is 55 years of age or older and—
 - a. (A) lives with the child;
 - b. (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - c. (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
 - D. **(b) RULE.—In providing services under this subpart—**
 3. **(1) for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder; and**
 4. **(2) for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities.**
 - E. Service Limitations. (IDAPA 15.01.01.043 (3-30-01))
 1. When personal care services are a part of the SSP, those services shall be provided by trained Respite employees or trained Respite volunteers. (4-6-05)
 2. Services requiring supervision of a registered nurse in accordance with the Nurse Practices Act shall not be performed by respite workers. (3-30-01)
 3. The Respite provider shall provide adequate and appropriate insurance coverage prior to assigning its respite employees or volunteers to assist clients with personal care tasks. (4-6-05)
 - F. Eligibility Determination. Highest priority shall be given to caregivers of care recipients who have the greatest degree of physical or cognitive impairment and who are lacking informal supports other than the regular caregiver. (4-6-05)

5. **Adult Day Care** (IDAPA 15.01.01.042)

- A. Policy. Adult Day Care is designed to meet the needs of eligible participants whose functional or cognitive abilities have deteriorated. It is intended to provide relief for care providing family members. It is a comprehensive program which provides a variety of social and other related support services in a protective setting other than the participant's home during any part of a day, but for a duration of less than twenty-four (24) hours. (5-3-03)
- B. Eligibility. Individuals eligible for adult day care include: (7-1-98)
 - 1. Those who have physical or cognitive disabilities affecting ADL or IADL functioning; (7-1-98)
 - 2. Those capable of being transported; (7-1-98)
 - 3. Those capable of benefiting from socialization, structured and supervised group-oriented programs; and (7-1-98)
 - 4. Those capable of self-care with supervision or cueing. (7-1-98)
- C. Eligibility Determination. Highest priority shall be given to clients with the greatest degree of functional or cognitive impairment and then to clients lacking informal supports other than the regular caregiver. (4-6-05)
- D. Enrollment Agreement. A signed enrollment agreement shall be completed by the provider and the client, or the client's legal representative, and shall include: (5-3-03)
 - 1. Scheduled days of attendance; (7-1-98)
 - 2. Services and goals of the day care provider; (5-3-03)
 - 3. Amount of fees and when due; (7-1-98)
 - 4. Transportation agreement, if appropriate; (7-1-98)
 - 5. Emergency procedures; (7-1-98)
 - 6. Release from liability (for field trips, etc.); (7-1-98)
 - 7. Conditions for service termination; (7-1-98)
 - 8. A copy of the center's policy; and (7-1-98)
 - 9. An SSP. (5-3-03)
- E. Staffing. Staff shall be adequate in number and skills to provide essential services. (7-1-98)
 - 1. There shall be at least two (2) responsible persons at the site at all times when clients are in attendance. One (1) shall be a paid staff member. (4-6-05)
 - 2. Staff to client ratio shall be increased appropriately if the number of clients in day care increases or if the degree of severity of clients' functional or cognitive impairment increases. (7-1-98)
 - 3. Staff persons counted in the staff to client ratio shall be those who spend the major part of their work time in direct service to clients. (7-1-98)
 - 4. If the site administrator is responsible for more than one (1) site or has duties not directly related to adult day care, a program manager shall be designated for each site. (5-3-03)
 - 5. Volunteers shall be included in the staff ratio only when they conform to the same standards and requirements as paid staff. (7-1-98)
- F. Services. Adult Day Care Programs shall, at a minimum, provide the following services: (7-1-98)
 - 1. Assistance with transferring, walking, eating, toileting; (7-1-98)
 - 2. Recreation; (7-1-98)
 - 3. Nutrition and therapeutic diets; and (7-1-98)
 - 4. Exercise. (7-1-98)
- G. National Standards. Adult Day Care Programs shall operate under guidelines established by the ICOA in accordance with national standards developed by the National Council on Aging's National Institute on Adult Day Care. (7-1-98)

6. Outreach. (IDAPA 15.01.21.022)

- A. Identification of Older Persons in Need of Services. The AAA, in accordance with Section 306 of the OAA, shall assure that outreach efforts focus on identifying those older persons who have the greatest economic or social need, with particular attention to low-income minority elderly, elderly living in rural communities, and severely disabled elderly. (7-1-98)
 - 1. Minimum Requirements. To determine the effectiveness of outreach services, each AAA shall: (7-1-98)
 - a. Annually review program data to determine success in reaching those older individuals having greatest economic or social need, especially low-income minority elderly, elderly living in rural communities, and severely disabled elderly; and (7-1-98)
 - b. Require all funded nutrition providers report outreach activities on a quarterly basis. (7-1-98)

7. Access Services. (IDAPA 15.01.21.024)

- A. Expenditures for Access Services. The AAA shall expend for access services the percentage established in the ICOA state plan. (7-1-98)

8. Legal Assistance. (IDAPA 15.01.21.031)

- A. Administrative Requirements. The AAA shall assure adherence to all administrative requirements as set forth in rule, unless the ICOA grants a waiver. (7-1-98)
- B. Title III-B Funds. Under an approved area plan, the AAA shall expend a minimum percentage of Title III-B funds as set forth in the ICOA state plan in Title III-B funds for legal assistance. (7-1-99)
- C. Contracts. Through performance-based agreements with local providers, the AAA shall provide legal assistance to older residents of the PSA. (7-1-98)
 - 1. The AAA contracts with for-profit providers of legal assistance services shall conform with standards set forth in 45 CFR 1321.71. Prior to being executed, contracts shall be submitted to the ICOA for approval. (7-1-98)
 - 2. Contracts for legal assistance services shall be executed for the purpose of providing direct legal assistance and representation to persons aged sixty (60) years or older. The number of service units to be provided must be clearly stated in the contract. (7-1-98)
 - 3. Contracts for legal services shall include provision for legal services to clients of the AAA's Ombudsman for the Elderly Program and clients aged sixty (60) years or older of the Adult Protection Program. (7-1-99)
- D. Idaho Legal Aid Services. The AAA contracts with Idaho Legal Aid Services, Inc. shall provide the following assurances: (7-1-98)
 - 1. Services provided under the contract to individuals sixty (60) years of age or older shall be in addition to legal assistance furnished with funds obtained from other sources. (7-1-98)
- E. Maintenance of Legal Assistance Records. The AAAs shall maintain records documenting legal assistance provided within each calendar quarter to individuals aged sixty (60) years or older. (7-1-98)
- F. Provision of Service. In accordance with OAA Section 307 (a) and 45 CFR 1321.71, Subparts (a) through (k), each AAA shall assure provision of legal assistance to older individuals residing within the PSA. (7-1-98)

ADMINISTRATION ATTACHMENTS

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.03. Release of Information (All programs)

RELEASE OF INFORMATION

Regarding: (client name)_____

I, (client or personal representative), _____, hereby authorize and give informed consent to the Agency on Aging in Area_____, and any of its agencies, institutions, or employees to seek, obtain, and release any and all information and documents, pertaining to me and deemed by the Area Agency to be relevant to providing services to me.

I further authorize and give informed consent to the Agency on Aging in Area _____, and any of its agencies, institutions, employees to release any information about me to any city, county, or state entity for the purpose of emergency/disaster planning, and to any First Responder, Emergency Medical Technical-Basic, Advanced Emergency Medical Technical-Ambulance, Emergency Medical Technical-Intermediate, as those persons are defined under Idaho Code Section 56-1012, in connection with the provision to me of Emergency Medical Services, as defined in Idaho Code Sections 56-1012 and 56-1013.

I further authorize and give informed consent to the following individuals, organizations, entities and institutions to release any and all information and documents in their possession to the Agency on Aging in Area _____, its agencies, institutions, or employees for the sole purpose of providing services to me.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

(Cross out unused lines prior to signature)

Signature of Client

or Authorized Representative

Street Address

Date

City/State/Zip

Witness Signature/Area Agency Representative

THIS RELEASE OF INFORMATION IS VALID FOR ONE YEAR FROM THE SIGNATURE DATE OR UNTIL REVOKED BY THE CLIENT OR HIS/HER AUTHORIZED REPRESENTATIVE.

ATTACHMENTS

POLICIES (PO)

ADMINISTRATION (AD)

PO.AD.01. Appeals Process

Policy Subject	ICOA Reference
ICOA rules of Administrative Procedure <u>Appeals Process</u>	PO.AD.01. Appeals Process (4/30/2012)

Purpose:

The purpose is to ensure the AAA staff and participants understand the appropriate appeals procedure they can use if they feel they have been unfairly treated.

Scope:

This policy sets a process to resolve appeals at the local AAA level first, then to the ICOA if no resolution had been made. As well, this procedure provides directions for the AAAs to appeal disagreements of administrative decisions made by the ICOA.

Definitions:

- ICOA: Idaho Commission on Aging
- AAA: Area Agency on Aging
- Participant: Clients obtaining services through ICOA funded services

Participant Appeals Procedure:

- Through the appeal process, the AAAs will attempt to resolve any participant appeals at the local AAA level before the appeal will be accepted at ICOA.
- If the dispute remains unresolved, a written complaint may be filed with the Idaho Commission on Aging within 30 days following AAA's decision. At that time, the Idaho Commission on Aging will establish a complaint file which contains all participant case file information, the complaint statement, and chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a decision for final determination.

AAA Appeals Procedure

- If the AAA disagrees with an administrative decision conducted by the ICOA the AAA will first attempt to resolve the disagreement with the ICOA informally first. Informal appeals can be done by email, phone or a face to face visit.
- If the AAA is unresolved after the informal complaint, the AAA will have the option to submit an appeal letter within 30 days from when the administrative decision was made. Furthermore, it will be the responsibility of the AAA to submit any necessary documentation needed to support their side of the matter. The formal appeal letter along with any supporting documentation will be presented to the ICOA director for final determination.

Exceptions: Not Applicable

References:

Rules Governing Senior Services Program (15.01.01.003)

Rules Governing Area Agency on Aging AAA Operations (15.01.20.003)

Rules Governing Area Agency Adult Protection Programs (15.01.02.003)

Rules Governing the Ombudsman for the Elderly Program (15.01.03.003)

Rules Governing Older Americans Act Services (15.01.21.003)

Rules of Administrative Procedure (04.11.01.100)

ATTACHMENTS

POLICIES (PO)

ADMINISTRATION (AD)

PO.AD.04. Withdrawal of AAA Designation

Policy Subject	Policy #
Operations <u>Withdrawal of Area Agency on Aging Designation</u>	AD.04 Withdrawal of AAA Designation. (4/30/2012)

Purpose:

The purpose is to ensure that Idaho has a process for the withdrawal of designation of an Area Agency on Aging (AAA).

Scope:

This policy outlines:

1. acceptable reasons for de-designation
2. assurances for due process for affected parties
3. assurances for continuity of services.

Definitions:

- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;
 1. any office or agency of a unit of general purpose local government that is designated by the chief elected official to function only as an area agency;
 2. Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government; or
 3. Any public or non-profit private agency.

Procedures:

Withdrawal of AAA designation may be initiated by either the ICOA or the grantee organization. If initiated by the grantee organization, the opportunity for a hearing is waived.

1. The ICOA may initiate withdrawal proceedings upon reasonable notice and opportunity for a hearing and opportunity for appeal to the Assistant Secretary, Administration on Aging if:
 - A. an AAA does not meet the requirements of the OAA of 1965, as amended;
 - B. the Area Plan or amendments to the plan are not approved;
 - C. the AAA fails substantially in providing or in administering the approved Area Plan to comply with any provisions of the OAA, or policies and procedures established and implemented by the ICOA; or
 - D. activities of the AAA are inconsistent with the statutory mission described in the OAA or are in conflict with the requirement of the OAA that it function as an AAA.
2. To ensure due process to affected parties, ICOA will follow the process outlined in OAA Sections 305 (b) (5) (C) (ii) through (iv).
3. If the ICOA withdraws AAA designation, it will:
 - A. provide a plan for continuity of area aging functions and services to older people in the PSA; and
 - B. designate a new AAA in a timely manner.
4. To ensure continuity of services, the ICOA may operate as the AAA for 180 days after its final decision to withdraw designation or assign the responsibility to another agency. The U. S. Assistant Secretary for Aging may extend the 180-day period if the ICOA:

ATTACHMENTS

POLICIES (PO)

ADMINISTRATION (AD)

PO.AD.05. AAA Policies and Procedures

Policy Subject	Policy #
<p align="center">Area Agency Operations</p> <p align="center"><u>Area Agency on Aging (AAA) Policies and Procedures</u></p>	<p>PO.AD.05 AAA</p> <p>Policies and</p> <p>Procedures.</p> <p>(4/30/2012)</p>

Purpose:

The purpose is to ensure that AAAs implement policies and procedures for service delivery in accordance with regulations.

Scope:

This policy sets a process for implementation of area-wide policies and operational procedures for service delivery, to manage contracts with service providers, and to monitor performance of programs and services. AAA policies and procedures are in addition to those established by ICOA and must take into account any applicable federal or state law, rule, or policy.

Definitions:

- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;

Procedures:

Each AAA has responsibility to:

1. Develop and maintain written policies and procedures for programs and services, for contract management, and for other agency functions and responsibilities. The AAA will ensure that written policies and procedures are reviewed regularly and are updated as needed.
2. Serve as the regional focal point for aging programs and services.
3. Develop and implement an ICOA-approved Area Plan.
4. Administer programs and services through contractual agreements or, when necessary, directly provide the services, as described and approved in the AAA Area Plan.
5. Make records of services rendered and monies expended in the provision of those services available at the request of the ICOA.

The AAA authority extends to negotiating, securing, and monitoring service provider contracts; allocating resources; establishing service delivery policies; establishing financial management policies and procedures; and rendering administrative decisions in accordance with federal and state statutes, rules, policies and program guidelines.

Exceptions:

None

References:

- 1) OAA Sections 305(b) (5) (C) (ii) through (iv)

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.05. Reimbursement Invoice

Monthly Reimbursement Request SFY		AAA			July	August	September	Quarter 1	October	November	December	Quarter 2	January	February	March	Qu
Service	Grant	SFY 20 Allocation	SFY 20 Working Budget	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Exp
TOTAL AAA ADMIN	IIIB, IIIC1, IIIC2, E	100,000.00														
Coordination	II B															
Program Development	II B															
Ombudsman IIIB	II B															
Information and Assistance	II B															
Transportation	II B															
Assistive Transportation	II B															
Legal Assistance	II B															
Outreach	II B															
Homemaker	II B															
Respite	II B															
Chore	II B															
Case Management	II B															
Home Modification	II B															
Dental	II B															
Employment	II B															
Adult Day Care	II B															
Health Promotion IIIB	II B															
Total III B Services	II B	400,000.00														
Congregate Meals	II C1	250,000.00														
Home Delivered Meals	II C2	175,000.00														
Total IIIB, C1, C2		825,000.00														
Health Promotion	II D	15,000.00														
Medication Management	II D	12,000.00														
Total III D	II D	27,000.00														
Family Caregiver for 55 +	II E															
FC 1 Information Services	II E															
Public Information	II E															
FC 2 Access Assistance	II E															
Outreach	II E															
I & A	II E															
Case Management	II E															
Transportation	II E															
Assisted Transportation	II E															
FC 3 Counseling	II E															
Individual Counseling	II E															
Support Groups	II E															
Caregiver Training	II E															
FC 4 Respite	II E															
In-Home Respite	II E															
Adult Day Care	II E															
Institutional Respite	II E															
Direct Payment	II E															
FC 5 Supplemental	II E															
Nutrition	II E															
Legal Assistance	II E															
Other <Please specify service>	II E															
Caregiver for 60+ subtotal	II E															
Family Caregiver for Children	II E															
FC 1 Information Services	II E															
Public Information	II E															
FC 2 Access Assistance	II E															
Outreach	II E															
I & A	II E															
Case Management	II E															
Transportation	II E															
Assisted Transportation	II E															
FC 3 Counseling	II E															
Individual Counseling	II E															
Support Groups	II E															
Caregiver Training	II E															
FC 4 Respite	II E															
All Types	II E															
FC 5 Supplemental	II E															
Nutrition	II E															
Legal Assistance	II E															
Other <Please specify service>	II E															
Caregiver for Children subtotal	II E															
FC SERVICES Total	II E	130,000.00														
Ombudsman	VII	20,000.00														
TOTAL FEDERAL		1,102,000.00														
STATE FUNDS		SFY 20 Allocation	SFY 20 Working Budget	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Exp
Homemaker	State															
Home Delivered Meals	State															
FCSP HD Meals	State															
Chore	State															
Case Management	State															
FCSP Case Management	State															
Ombudsman	State															
Respite	State															
Adult Protection	State															
Adult Day Care	State															
Congregate Meals	State															
Transportation	State															
TOTAL STATE FUNDS		700,000.00														
Authorized Signature		Date														

*By completing the authorize signature and date, you are certifying that to the best of your knowledge the information is correct as of the date indicated above.

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.06. Reimbursement Units

Monthly Reimbursement Units												
Service	Grant	Units Type	July	August	September	Quarter 1	October	November	December	Quarter 2	Jan	
TOTAL AAA ADMIN	IIIB, IIIC1, IIIC2, E	N/A										
Coordination	III B	N/A										
Program Development	III B	N/A										
Ombudsman IIIB	III B	1-Complaint				-				-		
Information and Assistance	III B	1-Contact				-				-		
Transportation	III B	1 One-Way Trip(s)				-				-		
Assistive Transportation	III B	1 One-Way Trip(s)				-				-		
Legal Assistance	III B	1-Hour				-				-		
Outreach	III B	1-Contact				-				-		
Homemaker	III B	1-Hour				-				-		
Respite	III B	1-Hour				-				-		
Chore	III B	1-Hour				-				-		
Case Management	III B	1-Hour				-				-		
Home Modification	III B	N/A										
Dental	III B	1/4-Hour				-				-		
Employment	III B	1-Participant				-				-		
Adult Day Care	III B	1-Hour				-				-		
Health Promotion IIIB	III B	1-Contact				-				-		
		N/A										
Total III B Services	III B	N/A										
Congregate Meals	III C1	Meals				-				-		
Home Delivered Meals	III C2	Meals				-				-		
Total IIIB, C1, C2		N/A										
Health Promotion	III D	1-Contact				-				-		
Medication Management	III D	1-Contact				-				-		
Total III D	III D	N/A										
Family Caregiver for 55 +	III E	N/A										
FC 1 Information Services	III E	N/A										
Public Information	III E	1-Contact				-				-		
FC 2 Access Assistance	III E	N/A										
Outreach	III E	1-Contact				-				-		
I & A	III E	1-Contact				-				-		
Case Management	III E	1-Hour				-				-		
Transportation	III E	1 One-Way Trip(s)				-				-		
Assisted Transportation	III E	1 One-Way Trip(s)				-				-		
FC 3 Counseling	III E	N/A										
Individual Counseling	III E	1-Hour				-				-		
Support Groups	III E	1-Session				-				-		
Caregiver Training	III E	1-Contact				-				-		
FC 4 Respite	III E	N/A										
In-Home Respite	III E	1-Hour				-				-		
Adult Day Care	III E	1-Hour				-				-		
Institutional Respite	III E	1-Hour				-				-		
Direct Payment	III E	N/A										
FC 5 Supplemental	III E	N/A										
Nutrition	III E	1-Activity				-				-		
Legal Assistance	III E	1-Hour				-				-		
Other <Please specify service>	III E	N/A										
Caregiver for 60+ subtotal	III E	N/A										
Family Caregiver for Children	III E	N/A										
FC 1 Information Services	III E	N/A										
Public Information	III E	1-Contact				-				-		
FC 2 Access Assistance	III E	N/A										
Outreach	III E	1-Contact				-				-		
I & A	III E	1-Contact				-				-		
Case Management	III E	1-Hour				-				-		
Transportation	III E	1 One-Way Trip(s)				-				-		
Assisted Transportation	III E	1 One-Way Trip(s)				-				-		
FC 3 Counseling	III E	N/A										
Individual Counseling	III E	1 One-Way Trip(s)				-				-		
Support Groups	III E	1-Session				-				-		
Caregiver Training	III E	1-Contact				-				-		
FC 4 Respite	III E	N/A										
All Types	III E	N/A										
FC 5 Supplemental	III E	N/A										
Nutrition	III E	1-Activity				-				-		
Legal Assistance	III E	1-Hour				-				-		
Other <Please specify service>	III E	N/A										
Caregiver for Children subtotal	III E	N/A										
FC SERVICES Total	III E	N/A										
		N/A										
Ombudsman	VII					-				-		
TOTAL FEDERAL		N/A										
Authorized Signature						Date						

*By completing the authorize signature and date, you are certifying that to the best of your knowledge the information is correct as of the date indicated above.

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.07. In-kind Match

Monthly In-kind Match SFY 12	AAA				Quarter 1 Total Match Jul- Sept 2011				Quarter 2 Total Match Oct-Dec 2011				Quarter 3 Total Match Jan-Mar 2012				Quarter 4 Total Match Apr- Jun 2012	YTD
Service	Grant	State Funds	Non-Fed Cash	Non-Fed In-Kind		State Funds	Non-Fed Cash	Non-Fed In-Kind		State Funds	Non-Fed Cash	Non-Fed In-Kind		State Funds	Non-Fed Cash	Non-Fed In-Kind		In-kind Match
TOTAL AAA ADMIN	III B, BCI, BCI, E				-				-				-				-	-
Coordination	III B				-				-				-				-	-
Program Development	III B				-				-				-				-	-
Ombudsman III B	III B				-				-				-				-	-
Information and Assistance	III B				-				-				-				-	-
Transportation	III B				-				-				-				-	-
Assistive Transportation	III B				-				-				-				-	-
Legal Assistance	III B				-				-				-				-	-
Outreach	III B				-				-				-				-	-
Homemaker	III B				-				-				-				-	-
Respite	III B				-				-				-				-	-
Chore	III B				-				-				-				-	-
Case Management	III B				-				-				-				-	-
Home Modification	III B				-				-				-				-	-
Dental	III B				-				-				-				-	-
Employment	III B				-				-				-				-	-
Adult Day Care	III B				-				-				-				-	-
Health Promotion III B	III B				-				-				-				-	-
Adult Protection	III B				-				-				-				-	-
Total III B Services	III B				-				-				-				-	-
Congregate Meals	III C1				-				-				-				-	-
Home-Delivered Meals	III C2				-				-				-				-	-
Total III B, C1, C2					-				-				-				-	-
Health Promotion	III D				-				-				-				-	-
Medication Management	III D				-				-				-				-	-
Total III D	III D				-				-				-				-	-
Family Caregiver for 55+	III E				-				-				-				-	-
FC 1 Information Services	III E				-				-				-				-	-
Public Information	III E				-				-				-				-	-
FC 2 Access Assistance	III E				-				-				-				-	-
Outreach	III E				-				-				-				-	-
I & A	III E				-				-				-				-	-
Case Management	III E				-				-				-				-	-
Transportation	III E				-				-				-				-	-
Assisted Transportation	III E				-				-				-				-	-
FC 3 Counseling	III E				-				-				-				-	-
Individual Counseling	III E				-				-				-				-	-
Support Groups	III E				-				-				-				-	-
Caregiver Training	III E				-				-				-				-	-
FC 4 Respite	III E				-				-				-				-	-
In-Home Respite	III E				-				-				-				-	-
Adult Day Care	III E				-				-				-				-	-
Institutional Respite	III E				-				-				-				-	-
Direct Payment	III E				-				-				-				-	-
FC 5 Supplemental	III E				-				-				-				-	-
Nutrition	III E				-				-				-				-	-
Legal Assistance	III E				-				-				-				-	-
Other -Home Modifications-	III E				-				-				-				-	-
Caregiver for 55+ subtotal	III E				-				-				-				-	-
Family Caregiver for Children	III E				-				-				-				-	-
FC 1 Information Services	III E				-				-				-				-	-
Public Information	III E				-				-				-				-	-
FC 2 Access Assistance	III E				-				-				-				-	-
Outreach	III E				-				-				-				-	-
I & A	III E				-				-				-				-	-
Case Management	III E				-				-				-				-	-
Transportation	III E				-				-				-				-	-
Assisted Transportation	III E				-				-				-				-	-
FC 3 Counseling	III E				-				-				-				-	-
Individual Counseling	III E				-				-				-				-	-
Support Groups	III E				-				-				-				-	-
Caregiver Training	III E				-				-				-				-	-
FC 4 Respite	III E				-				-				-				-	-
All Types	III E				-				-				-				-	-
FC 5 Supplemental	III E				-				-				-				-	-
Nutrition	III E				-				-				-				-	-
Legal Assistance	III E				-				-				-				-	-
Other -Please specify service-	III E				-				-				-				-	-
Caregiver for Children subtotal	III E				-				-				-				-	-
FC SERVICES Total	III E				-				-				-				-	-
Ombudsman	VII				-				-				-				-	-
TOTAL FEDERAL					-				-				-				-	-
STATE FUNDS		State Funds	Non-Fed Cash	Non-Fed In-Kind	Total Match Jul- Sept 2011	State Funds	Non-Fed Cash	Non-Fed In-Kind	Total Match Oct-Dec 2011	State Funds	Non-Fed Cash	Non-Fed In-Kind	Total Match Jan-Mar 2012	State Funds	Non-Fed Cash	Non-Fed In-Kind	Total Match Apr- Jun 2012	YTD
Case Management	State				-				-				-				-	-
Respite	State				-				-				-				-	-
Adult Protection	State				-				-				-				-	-
Other -Specify-	State				-				-				-				-	-
Other -Specify-	State				-				-				-				-	-
TOTAL STATE FUNDS					-				-				-				-	-
TOTAL MATCH					-				-				-				-	-
																		#REF!

Authorized Signature

*By completing the authorize signature and date, you are certifying that to the best of your knowledge the information is correct as of the date indicated above.

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.08. Program Income

Monthly Program Income SFY 12	AAA	Quarter 1 Total Program Income Jul-Sept 2011	Quarter 2 Total Program Income Oct-Dec 2011	Quarter 3 Total Program Income Jan-Mar 2012	Quarter 4 Total Program Income Apr-Jun 2012	YTD Program Income						
Service	Grant											
TOTAL AAA ADMIN	IIIB, IIIC1, IIIC2, E	-	-	-	-	-						
Coordination	III B	-	-	-	-	-						
Program Development	III B	-	-	-	-	-						
Ombudsman IIIB	III B	-	-	-	-	-						
Information and Assistance	III B	-	-	-	-	-						
Transportation	III B	-	-	-	-	-						
Assistive Transportation	III B	-	-	-	-	-						
Legal Assistance	III B	-	-	-	-	-						
Outreach	III B	-	-	-	-	-						
Homemaker	III B	-	-	-	-	-						
Respite	III B	-	-	-	-	-						
Chore	III B	-	-	-	-	-						
Case Management	III B	-	-	-	-	-						
Home Modification	III B	-	-	-	-	-						
Dental	III B	-	-	-	-	-						
Employment	III B	-	-	-	-	-						
Adult Day Care	III B	-	-	-	-	-						
Health Promotion IIIB	III B	-	-	-	-	-						
Adult Protection	III B	-	-	-	-	-						
Total III B Services	III B	-	-	-	-	-						
Congregate Meals	III C1	-	-	-	-	-						
Home Delivered Meals	III C2	-	-	-	-	-						
Total III B, C1, C2												
Health Promotion	III D	-	-	-	-	-						
Medication Management	III D	-	-	-	-	-						
Total III D	III D	-	-	-	-	-						
Family Caregiver for 55 +	III E											
FC 1 Information Services	III E											
Public Information	III E	-	-	-	-	-						
FC 2 Access Assistance	III E											
Outreach	III E	-	-	-	-	-						
I & A	III E	-	-	-	-	-						
Case Management	III E	-	-	-	-	-						
Transportation	III E	-	-	-	-	-						
Assisted Transportation	III E	-	-	-	-	-						
FC 3 Counseling	III E											
Individual Counseling	III E	-	-	-	-	-						
Support Groups	III E	-	-	-	-	-						
Caregiver Training	III E	-	-	-	-	-						
FC 4 Respite	III E											
In-Home Respite	III E	-	-	-	-	-						
Adult Day Care	III E	-	-	-	-	-						
Institutional Respite	III E	-	-	-	-	-						
Direct Payment	III E	-	-	-	-	-						
FC 5 Supplemental	III E											
Nutrition	III E	-	-	-	-	-						
Legal Assistance	III E	-	-	-	-	-						
Other <Home Modification>	III E	-	-	-	-	-						
Caregiver for 60+ subtotal	III E	-	-	-	-	-						
Family Caregiver for Children	III E											
FC 1 Information Services	III E											
Public Information	III E	-	-	-	-	-						
FC 2 Access Assistance	III E											
Outreach	III E	-	-	-	-	-						
I & A	III E	-	-	-	-	-						
Case Management	III E	-	-	-	-	-						
Transportation	III E	-	-	-	-	-						
Assisted Transportation	III E	-	-	-	-	-						
FC 3 Counseling	III E											
Individual Counseling	III E	-	-	-	-	-						
Support Groups	III E	-	-	-	-	-						
Caregiver Training	III E	-	-	-	-	-						
FC 4 Respite	III E											
All Types	III E	-	-	-	-	-						
FC 5 Supplemental	III E											
Nutrition	III E	-	-	-	-	-						
Legal Assistance	III E	-	-	-	-	-						
Other <Please specify service>	III E	-	-	-	-	-						
Caregiver for Children subtotal	III E	-	-	-	-	-						
FC SERVICES Total	III E	-	-	-	-	-						
Ombudsman	VII	-	-	-	-	-						
TOTAL FEDERAL		-	-	-	-	-						
Authorized Signature												

*By completing the authorize signature and date, you are certifying that to the best of your knowledge the information is correct as of the date indicated above.

ATTACHMENTS

REPORTING (RP)

ADMINISTRATION (AD)

RP.AD.02. AAA Developmental Accomplishment and Staff Profile Annual Report

THIS INFORMATION DUE TO BE SUBMITTED IN THE FFY FOURTH QUARTER
FOR INCLUSION IN THE ANNUAL NAPIS REPORT.

AREA

THREE (3) DEVELOPMENTAL ACCOMPLISHMENTS OF FED. FISCAL YEAR
FOR HOME & COMMUNITY-BASED PROGRAMS (Add space in box as needed.)

1	
2	
3	

THREE (3) DEVELOPMENTAL ACCOMPLISHMENTS OF FFY
FOR A SYSTEM OF ELDER RIGHTS

1	
2	
3	

ALL DATA REQUESTED ON THIS PAGE SHOULD BE SUBMITTED BY
October
25th.

ANNUAL Staffing Profile

FEDERAL FISCAL YEAR

To be submitted by October 25th of each year.

AREA				
PERSONNEL CATEGORIES		Number of FTEs	Number of Minority FTEs	Number of FTEs Paid w/ OAA Funds
1	Executive/Management Staff			
2	Other Paid Professional Staff <i>(by functional responsibility)</i>			
2-A	Planning			
2-B	Development			
2-C	Administration			
2-D	Service Delivery			
2-E	Access/Care Coordination			
2-F	Other			
3	Clerical/Support Staff			
4	Volunteers			
5	TOTAL AAA Staff		0.00	0.00

OTHER N.A.P.I.S.- MANDATED DATA

Senior Centers and Focal Points during FFY

1	Total number of FOCAL POINTS designated under Section 306(a)(3) of the OAA in operation this federal fiscal year (FFY):	
2	SUBSET of these Focal Points that were Senior Centers:	
3	TOTAL number of SENIOR CENTERS during FFY:	
4	Number of Senior Centers RECEIVING OAA \$ in FFY:	
Add:	Total Number of Meal Sites in PSA during FFY	

ADULT PROTECTION ATTACHMENTS

ATTACHMENTS

FORMS (FO)

ADULT PROTECTION (AP)

FO.AP.01. Intake and Investigation

ADULT PROTECTIVE INTAKE & INVESTIGATIVE FORM

ALLEGED VICTIM INFORMATION

Date:	Time:	Name:	Reporting #:
Address:		Age:	Date of Birth
Telephone #:			
Reporter: Address:		Relationship to Victim: Telephone #:	

Emergency: Yes _____ No _____	Police Contact: Yes _____ No _____
---	--

INITIAL VULNERABILITY INFORMATION – In what way is the alleged vulnerable victim unable to protect him/herself from abuse, neglect, or exploitation due to a physical or mental impairment affecting his/her judgment or behavior to the extent that he/she lacks sufficient understanding or capacity to make, communicate, or implement decisions regarding his/her person?

ALLEGATIONS SUMMARY: Abuse _____ Neglect _____ Exploitation _____ Self-Neglect _____

ALLEGED PERPETRATOR INFORMATION:

Alleged Perpetrator's Name:		Relationship:	
Alleged Perpetrator's Address	Age	DOB	SS#

AP Worker _____ DATE/TIME ASSIGNED _____

Vulnerable Adult Contacted:	Date: _____ Time: _____	Phone: ____ Person: ____ Unavailable: ____
Perpetrator Contacted:	Date: _____ Time: _____	Phone: ____ Person: ____ Unavailable: ____

COLLATERAL CONTACTS:

1) Name:	Phone:
Address:	Relationship to victim:
2) Name:	Phone:
Address:	Relationship to victim:
3) Name:	Phone:
Address:	Relationship to victim:

VULNERABILITY STATUS: **Mental Impairment** _____ **Physical Impairment** _____
Basis of Knowledge: _____

Functional Limitations/Associated Risk Factors: _____

INVESTIGATIVE FINDINGS: **Substantiated** _____ **Unsubstantiated** _____

PROACTIVE ACTION PLAN:

REFERAL ____ **LE** ____ **CM** ____ **OMB** ____ **I&A** ____ **BFS** ____ **RMU** ____ **OTHER**

Date PAP Completed _____ **Date Reporter Notified** _____

AP Worker signatures

Date _____

AP Supervisor

Date _____

ATTACHMENTS

FORMS (FO)

ADULT PROTECTION (AP)

FO.AP.02. Case Closure

Adult Protection Case Closure Form

Case is closed for the following reasons:	
1. Referral to Case Manager	
2. Protective Action Plan (PAP) implemented	
3. Referral to Law Enforcement	
4. Client refuses services	
5. Unable to locate client	
6. Client died	
7. Unsubstantiated	
8. Other	
1. Risk to client is reduced or eliminated	
2. Risk to client remains	
Additional Information:	
Signature – Adult Protection Supervisor	Closure Date
Signature – AP Worker	Closure Date

ATTACHMENTS

FORMS (FO)

ADULT PROTECTION (AP)

FO.AP.04. Adult Functional Risk Assessment

**IDAHO COMMISSION ON AGING
ADULT PROTECTION**

Adult Functional / Risk Assessment

Client Name: _____ **Date:** _____

Presenting Concern(s): _____

PART I

VULNERABLE ADULT LIVES:			
Alone		With Relative	
With Spouse		With Non-Relative	
With Children		Other:	
PRESENT LIVING ARRANGEMENT:			
Home Owner		Assisted Living Facility	
Renter		Nursing Home	
Certified Family Home		Other:	
CLEANLINESS OF RESIDENCE			
Rubbish / Trash		Animal Droppings	
Odors		Pest / Insect Droppings	
Human Waste		Other:	
IMPAIRMENTS:			
Speech		Retarded/Developmentally Disabled	
Hearing		Dementia/Alzheimer's Diagnosis	
Vision		Substance Abuse	
Walking		Poor Memory	
Mental Illness		Cognitively Impaired	
ASSISTIVE DEVICES:			
None		Walker/Cane	
Eyeglasses/Contacts		Hearing Aid	
Wheelchair		Dentures	
Artificial Limb		Other:	
NEEDS ASSISTANCE TO LEAVE HOME:		Yes _____	No _____
PRIMARY MEANS OF TRANSPORTATION:			
Own Car		Public Transportation	
Friend/Relative		Other:	
IN HOME-SERVICES USED:			
Meals on Wheels		Home Health	
Homemakers		Private Care Provider	
A & D Waiver		Case Management	
Respite		Other:	
NEEDS ASSISTANCE WITH:			
ADL's		IADL's	
Eating		Self-Medication	
Ambulation		Meal Preparation	
Positioning		Housework	
Dressing		Shopping	
Toileting		Laundry	
Transfer		Medical Attention	
Bathing		Financial Management	
Personal Hygiene		Other:	

PART II

Circle one of the following codes for each item below: *CD=cannot determine			
CLIENT'S ABILITY TO HANDLE EMERGENCIES:			
Can act appropriately in the event of an emergency. (Calls 911 and/or exits house).	Y	N	CD
Client knows how to seek help from others to access goods & services (housekeeper, lawyer, other services).	Y	N	CD
Client's financial abilities:			
Able to collect and manage retirement, social security, V. A. and other benefits, etc.	Y	N	CD
List sources of income or resources: _____			
Able to maintain bank account.	Y	N	CD
Able to pay monthly bills for rent, utilities, etc.	Y	N	CD
Willing and able to spend money for necessary goods and services, i.e. food, clothing, sundries, etc.	Y	N	CD
CLIENT'S PSYCHOLOGICAL/SOCIAL/COGNITIVE FUNCTIONING			
Judgment:			
Able to make appropriate decisions, solve problems, and respond to major life changes.	Y	N	CD
Communications:			
Able to understand what is being said.	Y	N	CD
Able to express thoughts and needs.	Y	N	CD

For each (CD) and (Y) answer give no point, for each (N) answer give 2 points.

SCORE FOR PART II = _____

PART III											
MEMORY: Mini Mental		+	-								
1. What is the date today?											
2. What day of the week is it?											
3. What is the name of this place?											
4. a. What is your telephone number?											
b. What is your address? (ask only if no phone.)											
5. How old are you?											
6. When were you born?											
7. Who is the President of the U.S. now?											
8. Who was the President before him?											
9. What was your mother's maiden name?											
10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.											
11. Ask client to remember three common objects (door, chair, book). After one minute ask client to recall those three objects.											
Total Number of Errors:		Intact mental function									
3-5 errors		Mild intellectual impairment	Mini Mental								
6-8 errors		Moderate intellectual impairment	Score: _____								
9-11 errors		Severe intellectual impairment									
SCORE FOR PART III = _____											
PART IV											
Wandering:											
Wanders outside and leaves immediate area.	Y	N	CD								
Danger to self:											
Indicated by self-neglect or harm, suicidal thoughts or attempts, etc.	Y	N	CD								
Disruptive or inappropriate behavior:											
Makes excessive demands for attention, takes another's possessions, disrobes in front of others, inappropriate sexual behavior, etc.	Y	N	CD								
Behavioral Issues:											
Throws objects, strikes or punches, makes dangerous maneuvers with wheelchair, etc.	Y	N	CD								
Threatens / berates others, yells, uses foul language, etc.	Y	N	CD								
For each (CD) and (N) answer give no points, for each (Y) answer give 2 points.											
SCORE FOR PART IV = _____											
MEDICATIONS:											
NAME	AMT	FRQ	NAME	AMT	FRQ						
Physician's Name: _____											
Phone Number: _____											
Address: _____											
Comments:											
To determine risk / needs for case management, total sections II, III, and IV.											
TOTAL ASSESSMENT SCORE = _____											
Low Risk = 0-6		Medium Risk = 7-11		High Risk = 12 and up							

ATTACHMENTS

REPORTING (RP)

ADULT PROTECTION (AP)

RP.AP.01. Report to Law Enforcement

REPORT TO LAW ENFORCEMENT

FROM:

Law Enforcement Agency

Area AP worker

Address

Address

City/State/Zip

City/State/Zip

Incident Number: _____

Telephone Number

Idaho Code, Chapter 53, Section 39-5310 requires that we notify your agency when an adult protection investigation conducted in your jurisdiction indicates that a vulnerable adult may have suffered abuse, neglect, exploitation, or a serious imposition of rights. It appears from our investigation that the following named client may have suffered from abuse, neglect, exploitation, or a serious imposition of rights. The case is, therefore, referred to you for further investigation and such additional action as may be required by law.

Client Name:	Phone No.
Address: City/State/Zip:	
Alleged Perpetrator:	Phone No.
Address: City/State/Zip:	
Summary of Allegations: 	

ATTACHMENTS

REPORTING (RP)

ADULT PROTECTION (AP)

RP.AP.02. AAA Substantiated Case Report

ADULT PROTECTION
AAA Monthly Substantiated Case Report

Area Agency on Aging: _____

Month: _____

Perpetrator's full name & relationship to victim (maiden name, if possible)	Perpetrator's date of birth (SS# if possible)	Location of incident (include the full name of the facility and/or employing agency, address & phone, if applicable)	Date Incident Occurred	Type of Abuse	Referred to BFS or CFH	Perpetrator's Address & Phone

This report must be submitted to ICOA no later than the 10th of each month.

* Abuse Types = (A) Abuse, (N) Neglect, (SN) Self-Neglect, (E) Exploitation (Please indicate if abuse was client-to-client, if applicable)

BFS = Bureau of Facility Standards
 CFH = Certified Family Homes

Effective 12/01/11

RP.AP.02. AAA Substantiated Case Report (4/30/2012)

ATTACHMENTS

REPORTING (RP)

ADULT PROTECTION (AP)

RP.AP.03. Adult Protection Quarterly Progress Report (QPR)

ADULT PROTECTION (AP)	State Fiscal Year				
Date Submitted:					
Submitted by:					
AREA	July- Sept.	Oct.-Dec.	Jan.-March	Apr.- June	YEAR-TO-DATE CUMULATIVE
ADULT PROTECTION (AP)					
UNITS OF SERVICE					0
CLIENTS SERVED during the reporting period					Caseload not cumulative
AP Reports					0
AP Investigations					0
AP Investigations Substantiated					0
ABUSE Investigations Aged 60+					0
SUBSTANTIATED Abuse Investigations Aged 60+					0
ABUSE Investigations Aged 18 - 59					0
SUBSTANTIATED Abuse Investigations Aged 18 - 59					0
NEGLECT Investigations Aged 60+					0
SUBSTANTIATED Neglect Investigations Aged 60+					0
NEGLECT Investigations Aged 18 - 59					0
SUBSTANTIATED Neglect Investigations Aged 18 - 59					0
SELF-NEGLECT Investigations Aged 60+					0
SUBST. Self-Neglect Investigations Aged 60+					0
SELF-NEGLECT Investigations Aged 18 - 59					0
SUBST. Self-Neglect Investigations Aged 18 - 59					0
EXPLOITATION Investigations Aged 60+					0
SUBSTANTIATED Exploitation Investigations, 60+					0
EXPLOITATION Investigations Aged 18 - 59					0
SUBST. Exploitation Investigations Aged 18 - 59					0
FELONY ABANDONMENT Cases					0
AP Investigations-Medicaid Waiver Clients					0
Emergency Referrals					0
Case Management Referrals					0
Ombudsman Referrals					0
DHW-Bureau of Facility Standards Referrals					0
I&A Referrals					0
DHW- Developmental Disability Referrals					0
DHW- Mental Health Referrals					0
Guardianship/Conservatorship-Temporary					0
Guardianship/Conservatorship-Full					0
Law Enforcement Referrals					0
Law Enforcement Prosecutions					0
AP Convictions					0
Risk Reduced or Eliminated					0
Risk Reduced or Eliminated-Unsubstantiated Case					0
Risk Remains - Client Refused Services					0
Risk Remains-Services Not Available/Discontinued					0
Risk Remains-Guardianship Unavailable					0
AVERAGE Case Load per AP Worker					0

AREA PLAN ATTACHMENTS

ATTACHMENTS

POLICIES (PO)

ADMINISTRATION (AD)

PO.AD.06. Area Plan on Aging and ICOA AAA Contract

Policy Subject	Policy #
Area Agency Operations <u>Area Plan on Aging and ICOA/AAA Contract</u>	AD.06 Area Plan on Aging and ICOA/AAA Contract. (4/30/2012)

Purpose:

The purpose is to ensure that the AAA/ICOA contract incorporates the Area Plan as a statement of work.

Scope:

This policy sets a process to ensure that the contract between the ICOA and an AAA incorporates the Area Plan as a statement of work and that every four years, the ICOA will provide a template or shell document for AAAs to use in creating their Area Plans. This will assure uniformity of focus, content and style. The ICOA will not accept or approve Area Plans that do not follow the prescribed model.

Definitions:

- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;

Procedures:

AREA PLAN

1. An Area Plan must go through an approval process. First, the AAA presents its plan to its Advisory Council for review and comment. The Council may approve the plan or require some part or aspect of it to be revised prior to granting formal approval.
2. Second, following the Council's formal approval, the AAA submits the Area Plan to the ICOA. The ICOA may require clarification of information presented in the Area Plan, or may require additional information or material to be attached or incorporated.
3. The ICOA-approved Area Plan becomes the statement of work in the area specific contracts.

AREA PLAN ON AGING REVISIONS OR AMENDMENTS:

1. All amendments to an approved Area Plan must be submitted in writing and approved by the ICOA prior to their implementation.
2. Pursuant to 45 CFR Section 1321.57(c), all amendments to Area Plans require review and comment by the Area Advisory Council.
3. Any proposed amendment to the Area Plan must prominently display the word "Amendment" and the date of the amendment in the upper right hand corner of the amended page.
4. All budget amendments must include a "Request for Revision of Budget."
5. The ICOA will notify the AAA within 30 days of the disposition of the requested revisions/amendments.

All approved Area Plan amendments will be considered revisions of the contract.

Exceptions:

None

References:

- 1) OAA Sections 305(b) (5) (C) (ii) through (iv)

ATTACHMENTS

POLICIES (PO)

ADMINISTRATION (AD)

PO.AD.07. AAA Area Plan Functions and Responsibilities

Policy Subject	Policy #
Area Agency Operations <u>AAA Area Plan Functions and Responsibilities</u>	AD.07 AAA Area Plan Functions and Responsibilities. (4/30/2012)

Purpose:

The purpose is to outline the responsibilities of the AAA in developing a comprehensive and coordinated service delivery system for older persons living in the planning and service area (PSA).

Scope:

The AAA is responsible and accountable for strategic planning, monitoring, coordination, program design and implementation, advocacy, and administrative and assessment functions that foster the development of a comprehensive and coordinated service delivery system for older persons living in the PSA.

Definitions:

- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;

Procedures:

- A. The AAA shall engage in a continuous process of planning for older persons within the PSA, including:
 1. Identifying needs of older persons on a continuing basis through the collection and analysis of data.
 2. Analyzing unmet needs of older persons with emphasis on the needs of the most vulnerable older people.
 3. Targeting services to vulnerable older persons, with particular emphasis on serving low-income, minority elderly persons, and elderly persons residing in rural areas.
 4. Identifying available resources that meet, or can be used to meet, the needs of older persons.
 5. Allocating available funds to OAA and ISSA services, based on analysis of needs and in accordance with state and federal guidelines.
 6. Identifying local service delivery system gaps or deficiencies that impact older people within the planning and service area.
 7. Monitoring, evaluating, and commenting on policies and programs at the local level that affect older individuals.
 8. Establishing procedures that provide for the involvement of older individuals in the planning and administration of the Area Plan.
- B. In order to comply with the responsibility of coordination and program development, the AAA shall:
 1. Identify and mobilize public and private sector resources other than those available through the OAA and ISSA to increase the quality, quantity, and coordination of services to older individuals.
 2. Attempt to secure joint programming and funding agreements with public and private agencies in an effort to serve and better represent the needs of older persons in the PSA.
 3. Disseminate information to public and private agencies, and to the public regarding the status, conditions, concerns, and needs of older persons.
- C. In addition to AAA advocacy responsibilities defined in 45 CFR Section 1321.61, the AAA shall:
 1. Represent the interests of older persons to public officials and to public and private sector agencies and organizations.
 2. Encourage new or expanded benefits and opportunities for older persons.

D. TRAINING AND STAFF:

1. The AAA shall provide necessary training to implement the Area Plan, including training to AAA staff, advisory council members, and service providers providing services under the Area Plan.
2. The AAA shall immediately notify the pertinent ICOA program coordinator when there is a change in AAA supervisory program personnel.

E. TECHNICAL ASSISTANCE REQUIREMENTS:

1. The AAA shall provide ongoing technical assistance to subcontracting providers of services in the PSA.
2. The AAA shall provide technical assistance to other organizations concerned with programs and services to older people.
3. The AAA's provision of technical assistance must be documented; records must support AAA efforts to follow-up on outstanding issues identified through the assessment of contractors or on requests made by service providers and other organizations.

Exceptions:

None

References:

- 2) OAA Sections 305(b) (5) (C) (ii) through (iv)

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Area Plan Instructions

INSTRUCTIONS FOR CREATING YOUR AAA AREA PLAN

General Instructions

The AAA Plan should mirror the State Plan both in content and in format to the greatest degree possible. This assures that AoA's current priorities, which form the basis for the state unit's statewide goals, will be addressed on the regional level in each PSA. By presenting the same informational categories within a single shared format, users of these plans will find it easy to discern how needs and priorities identified by AoA or by ICOA will be addressed locally. Readers will be able to easily locate and simply compare items between the Area Plan for their PSA and the State Plan because the information will be ordered the same way in both documents.

Specific Instructions, by Section

- 1. Cover Page:** Pages 1 and 2. You may use the cover page provided by ICOA; you do not have to create a different or "custom" cover for your Plan, unless, for some reason, you want to. In any case, leave the reverse side (obverse) of the cover blank except for the full name and mailing address of your AAA which should appear at the lower center of the cover's obverse.
- 2. Index (Table of Contents):** Although this section is the first thing a reader will see upon opening the Plan, it should be created *last* when every other section is complete. If changes are subsequently made that result in altering the page sequence anywhere in the Plan, you will have to also amend the Table of Contents section to assure that pages of all sections listed in the Index are correctly listed.
- 3. Glossary of Acronyms Commonly Used by Aging Services Administrators and Providers:** The purpose of this section is purely informational for readers of the Plan who might not be familiar with all the terms they may encounter in the Plan or when speaking with aging services providers. You do not have to do anything to the section; simply reproduce it as it is.
- 4. Signature Page:** The AAA Director, the Area Advisory Council Chairperson and the Governing Board Chairperson must all sign and date the Signature Page in order for the area plan to be accepted by the state unit. *Please note that this Signature Page (contained in a new area plan) is somewhat different in its wording than the new Signature Page the AAA must submit each year with other area plan pages that are revised/updated annually.*

5. **Executive Summary:** Complete the second paragraph as indicated (...). The AAA details HOW it determines what the priorities should be.

6. **Introduction:** Background information from the State Plan. Include as is, without changes.

7. **Planning and Service Area : The Area Agency:**

- **Overview**— Purpose is to give basic information about how the AAA functions, its relationship to the state unit, etc. Much of the material provided in the template is generic although it has been reworked to apply to the specific AAA. You may want to add some additional, more specific data about your particular AAA (optional).
- **AAA Vision**— Your agency's current official **vision statement** should be quoted here in **bold type**. This statement should be clear and concise so that no further elucidation is needed. The paragraphs following "**The AAA's Vision reflects the broader Vision and Goals set by the State Unit and AoA....**" are similar to those which appear in the State Plan and serve to tie it and the area plans to the vision AoA has established for the aging network as a whole. They should be included as they are, without changes or additions.
- **AAA Mission**— Your agency's current official **mission statement** should be quoted here in **bold type**. This statement should be clear and concise so that no further elucidation is needed.
- **The AAA's Values**—This section is the AAA version of the corresponding section appearing in the state plan. It need not be altered or further customized to apply to any specific AAA (just leave it as it stands).
- **AAA Funding**— **Where monetary amounts are indicated (with x's) in the section's opening sentence, fill in the correct current amounts for your AAA.** The rest of the section is an explanation of the funding formula, sources of funding, and how allotments to the AAAs are determined. It may be retained without changes.
- **Administrative Services**— Paragraph is informational; no changes needed.
- **Information Management System**— Paragraph is informational; no changes needed.
- **AAA Staff**— The AAA should **list and describe positions** currently held by full and part-time AAA staff.

6. The Planning and Service Area (Because of map layout, start this section on a new page regardless of where the previous section ended.)

- **Overview**— This introductory section is generic to all AAAs and can be left as it stands.
- **PSA IIIVI and its Area Agency on Aging**—The section contains specific information about **your** PSA and AAA. The section begins with some basic information about the region. You may add additional detail to give the reader of your plan a good idea of what makes the particular PSA unique and distinct from other regions of the state. **Add additional paragraphs about the specific AAA** (for example-- how the AAA is structured, how it determines needs in the region, how it allocates program funding to the counties / programs / providers, etc.).

7. Programs and Services Provided by AAA IIIVI

- **Overview**— This paragraph is essentially generic for all the AAAs and reflects its counterpart in the Idaho State Plan. It may be retained intact and without additions.
- **Services Provided within the Counties that make up PSA IIIVI (Listed Alphabetically)**— The listing of services that appears in the current State Plan has been left in place here. The descriptions for individual services do not need to be revised or tailored to the specific PSA; they can be used in the Area Plan as they are written. **From the list, retain those services (and descriptions) that are available in your PSA; delete those from the list that are NOT available in your PSA.**

8. Cost Sharing

This section is as it appears in the State Plan. The information is generically relevant as it pertains to all AAAs and service providers in the state. The section should be retained without changes.

9. Grants

The AAA should use this section to **name and describe any grants recently received and the projects currently underway utilizing grant funds**. If your shell document already contains some information in this section, you may use that information as it is, re-write it to clarify or up-date, etc.

The shells AAAs receive will differ in regard to this section: those AAAs mentioned in the corresponding section of the State Plan will see their grant-related information from the State Plan retained in their shell, while other AAAs' shells will be blank under the section heading. Each AAA should use the section to showcase whatever it is doing with any grants it has been awarded.

10. Collaborative Partners

Each AAA will have “partners” within its PSA. These partners may be agencies that serve other segments (or a broad segment) of the area's population; they may be county or city agencies, private foundations based in the PSA, or local charitable organizations. Use this section to **name the AAA's partners and describe any recent or ongoing collaborative projects** with particular attention to how such coordinated effort is benefiting seniors in the region.

Material from the State Plan which is relevant to your PSA/AAA has been retained.

11. Addenda

There are eleven (11) addenda which must accompany the AAA Plan when it is submitted. They are labeled A through K.

Addendum A will be prepared for each AAA by ICOA staff. It contains a series of charts and tables illustrating the demographic composition of the PSA, as most recently estimated/recalculated and published by the Census Bureau. The Census publishes detailed county updates every three years. This data is derived from population sampling and mathematical projections based on historic trends and anticipated growth. Because only actual census counts can indicate the composition of a population with a confidently reliable degree of accuracy, the numbers presented in estimates may, when the next decennial Census data is published, be found to have been either too high or too

low. The AAA should thus note the limitations of estimated population numbers and take the inherent limitations of same into account when using these estimates to plan programs and services.

Nothing needs to be added to Addendum A; the addendum may be attached to the Area Plan with additions or modifications. However, if the AAA has knowledge of factors or trends unique to a particular region or county within their jurisdiction, the AAA may want to add this information to Addendum A. For example, if a large retirement community is being created in one of the PSA's counties, the AAA may add to Addendum A any pertinent information regarding rapid growth of the older population underway in that district.

Addendum B is the *annual* Needs Assessment. A template for this document is prepared by ICOA staff and the AAA will be expected to fill it out with updated information and resubmit it to ICOA each year an area plan is in effect.

Addendum C is the AAA's Strategic Plan. Strategic planning should be accomplished as a joint effort by all AAA program staff. While the goals and objectives are the same as, or very similar to, those presented in ICOA's current State Plan, the strategies for achieving these goals and objectives statewide must be planned and implemented by each AAA with regard to any situations, limitations or conditions unique to the particular PSA. The AAA will annually review progress toward meeting these goals and objectives within the PSA by assessing outcomes and updating strategies accordingly. The AAA will report progress and will submit any up-dating or changes made to the Strategic Plan strategies to ICOA each year.

Addendum D, the Advisory Council Roster, is another template created by ICOA and annually provided to the AAAs for updating and re-submittal each year that the Area Plan is in effect.

Addendum E, Projected Outputs, will also be re-submitted annually. The template is created by ICOA and reissued every year to each AAA.

Addendum F is the AAA's Emergency Preparedness Plan, aka the "Disaster Plan". For this document to be useful as a ready reference in time of real emergency, it is absolutely crucial that the information it contains be maintained as current as possible. For this reason, the Emergency Preparedness Plan must be updated and re-submitted annually *and anytime information contained in it is revised*. Since the format of the document (which each AAA will receive as a Word file) will not change from year to year (unless state or national emergency preparedness officials mandate changes), annual revision/updating can probably best be accomplished by each AAA through an annual inspection of the previous year's Plan. The AAA should revise any information that is no

longer current and resubmit the Plan to ICOA. The date on the title (first, cover) page should also be revised to show the year for which the Plan is intended.

Addendum G, the Area Budget, will be updated annually and submitted in the format provided to the AAAs by ICOA's accounting staff.

Addendum H, the Intrastate Funding Formula, is a reference document provided to the AAAs by ICOA.

Addendum I is the Methods for Serving Prioritized ("Targeted") Populations. The AAA should check **only** those methods on the list that are planned to be carried out in the PSA.

Addendum J is the Area Plan Assurances and Required Activities. This is a "boiler plate" document provided by AoA which they require to be attached to the area plan. Simply include it as an addendum. No changes need be made.

Addendum K is Civil Rights Administration, another required document which is being provided to each AAA. Please check this document to assure that the AAA's address and phone number, where they appear in the document, are current and correct. Nothing else needs to be changed or added.

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA AAA Plan Shell

PSA ??

Area Plan

October 1, 2012 - September 30, 2012



Area Title
(Street Address
City, State Zip Code)

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Addenda

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Glossary of Acronyms Commonly Used by Aging Services Administrators and Providers

AAA – Area Agency on Aging
ADA – Americans with Disabilities Act
ADC – Adult Day Care
ADL – Activities of Daily Living
ADDCG – Alzheimer’s Disease Demonstration Caregiver Grant
ADDGS -- Alzheimer’s Disease Demonstration Grants to States
ADRC – Aging and Disability Resource Center
AoA – Administration on Aging (federal agency that administers the Older Americans Act)
AP – Adult Protection
APS – Adult Protection Services
ASA – American Society on Aging
AT – Assistive Technology
BCU – “Benefits CheckUp”
BSU – Boise State University
BYU – Brigham Young University
CAA – Community Action Agency
CCOA – Canyon County Organization on Aging
CDC – Centers for Disease Control
CDBG – Community Development Block Grant
CFR – Code of Federal Regulations
CM – Case Management
CMS – Centers for Medicare and Medicaid Services (formerly HCFA)
CNA – Certified Nurse Assistant
COG – Council of Governments
CSI – College of Southern Idaho
CY – Calendar Year
DD – Developmental Disabilities
DFM – Division of Financial Management (Governor’s Budget Office)
DHHS – Department of Health and Human Services
DHR – Department of Human Resources (State of Idaho personnel agency)
DOL – Department of Labor
EEOC – Equal Employment Opportunity Commission
EISSA – Eastern Idaho Special Services Agency
EOA – Elderly Opportunity Agency
FEMA – Federal Emergency Management Agency
FFY – Federal Fiscal Year (October 1 through September 30)
FGP – Foster Grandparent Program
FLSA – Fair Labor Standards Act
HCBS – Home and Community Based Services (generally refers to Medicaid waivers)
HDM – Home Delivered Meals
HHS – Department of Health and Human Services (also, DHHS)
HIPAA – Health Insurance Portability and Accountability Act
HRSA – Health Resources and Services Administration
H&W/IDHW – Idaho Department of Health and Welfare
HUD – Housing and Urban Development

I4A – Idaho Association of Area Agencies on Aging
I&A – Information and Assistance
I&R – Information and Referral
IADL – Instrumental Activity of Daily Living
IATP – Idaho Assistive Technology Project
ICDD – Idaho Council on Developmental Disabilities
ICOA – Idaho Commission on Aging
IDAPA – Idaho Administrative Procedures Act (state administrative rules)
IDOL – Idaho Department of Labor
IEP – Individual Employment Plan
IFF – Intrastate Funding Formula
ISSA – Idaho State Senior Services Act (also, SSA – Senior Services Act)
ISU – Idaho State University
JFAC – Joint Finance Appropriations Committee (legislative committee that sets budgets)
JTPA – Job Training Partnership Act
LBO – Legislative Budget Office
LCSC – Lewis and Clark State College
LINC – Living Independence Network Corporation
LWIB – Local Workforce Investment Board; (an “Idaho Works” Board)
MOU – Memorandum of Understanding
MOWAA – Meals on Wheels Association of America
MSA – Metropolitan Statistical Area
N4A – National Association of Area Agencies on Aging
NAIC – National Aging Information Center
NANASP – National Association of Nutrition and Aging Service Programs
NAPIS – National Aging Program Information System
NASOP – National Association of State Long-Term Care Ombudsmen
NASUA – National Association of State Units on Aging
NCIL – National Council on Independent Living
NCOA – National Council on Aging
NFCSP – National Family Caregiver Support Program
NGA – Notification of Grant Award
NHCA – National Hispanic Council on Aging
NIC – North Idaho College
NICOA – National Indian Council on Aging
NORS – National Ombudsman Reporting System
OAA – Older Americans Act
OAM – Older Americans Month (May)
OAR – Older Americans Report
OBRA – Omnibus Budget Reconciliation Act
OMB – (Federal) Office of Management and Budget
ORT – Operation Restore Trust
PBA – Performance Based Agreement
PCS – Personal Care Services
PIC – Private Industry Council
PSA – Planning and Service Area (geographic area served by an area agency on aging)
QMB – Qualified Medicare Beneficiary
QPR – Quarterly Program Report

RFP – Request for Proposal
RSVP – Retired Senior Volunteer Program
SAMS – Senior Assistance Management System (software for producing program reports)
SCP – Senior Companion Program
SCSEP – Senior Community Service Employment Program
SEICCA – Southeast Idaho Community Action Agency
SFY – State Fiscal Year (July 1 through June 30)
SHIBA – Senior Health Insurance Benefit Advisors
SICOG – Southeast Council of Governments
SILC – (Idaho) State Independent Living Council
SMP – Senior Medicare Patrol
SPRDIA – State Program Report Data Input System (federal program report submitted annually to the Administration on Aging)
SSA – Social Security Administration
SSI – Supplemental Security Income
SUA – State Unit on Aging
U of I – University of Idaho
USC – United States Code (code of federal laws)
USDA – US Department of Agriculture
WDC – Workforce Development Council
WIA – Workforce Investment Act
WIB – Workforce Investment Board

SIGNATURE PAGE

This Area Plan on Aging is hereby submitted for the four year period beginning October 1, 2012 and ending September 30 2016, pending approval by the Idaho Commission on Aging (the State Unit on Aging).

This Area Plan incorporates all assurances pertaining to area agencies on aging required under the Older Americans Act, the State Senior Services Act, the Civil Rights Act, and other applicable federal or state statutes.

The Area Agency on Aging, as the designated entity responsible for administration of aging programs and services within its designated Planning and Service Area (PSA), assumes full authority to develop and administer the Area Plan on Aging in accordance with the Standard Provisions and Assurances set forth in Addendum H. In accepting this authority, the Area Agency assumes responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people residing within the PSA.

Failure to comply with any federally or state mandated requirements may result in termination or suspension of the grant, or in de-designation of the Area Agency.

This Area Plan on Aging has been reviewed and approved *for federal fiscal years 2012 through 2016* by this agency's governing board. The Area Council has had an opportunity to review and comment on the Plan; their remarks, if any, are attached as an Addendum.

(Signature) _____
AAA Director (date)

(Signature) _____
Area Advisory Council Chairperson (date)

(Signature) _____
Governing Board Chairperson (date)

Executive Summary

To receive continued federal funding allocated through the Idaho Commission on Aging (“ICOA”), each of Idaho’s Area Agencies on Aging (AAAs), is required to submit a new “area plan on aging” (“Area Plan”) to the State Unit every four years.

This Area Plan is intended to establish priorities that will serve as a road map for the AAA in its Planning and Service Area (“PSA”). To determine what these priorities should be, the AAA utilizes a variety of data to calculate the needs of the Area: **[delineate]**

The planning goals delineated in the Strategic Plan (see Addendum C), which are intended to address the priorities, are:

- **Insert Goals from Addendum C here**

The Strategic Plan delineates the objectives, strategies, and outcomes associated with these goals. The outcome measures developed from specific strategic plan items are intended to inform the ICOA and others of how well we are accomplishing our short and long-term goals.

Introduction

In 1965, Congress enacted the Older Americans Act (OAA) establishing the Administration on Aging (“AoA”) in the U.S. Department of Health and Human Services, and authorizing state agencies to work with the AoA to meet the following objectives for older people:

- (1) An adequate income in retirement in accordance with the American standard of living.
- (2) The best possible physical and mental health which science can make available and without regard to economic status.
- (3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- (4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- (5) Opportunity for employment with no discriminatory personnel practices because of age.
- (6) Retirement in health, honor, dignity—after years of contribution to the economy.
- (7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.
- (8) Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
- (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community

based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

In successive amendments, the Older Americans Act created the concept of Planning and Service Areas (PSAs) and a host of service programs to aid in meeting the above objectives. In Idaho, PSAs are geographic areas of the state delineated by the ICOA and represented by Area Agencies on Aging (AAAs) designated by the ICOA. AAAs are responsible for planning and coordinating a wide array of services for older people.

The Area Agency

Overview

The ICOA is the agency of state government designated by the Governor as Idaho's State Unit on Aging (SUA). The ICOA administers and ensures compliance of federally funded programs under the Older Americans Act and state funded programs under the Idaho Act. ICOA plans and coordinates funds, monitors a statewide program of services to address the present and future needs of older Idahoans, and serves as a catalyst for improvement in the organization, coordination, and delivery of aging services in Idaho.

The ICOA has the authority to develop and manage budgets and programs, to propose statutory changes and Administrative Rules, and to develop this State Plan for addressing the needs of older Idahoans and vulnerable adults. The Older Americans Act authorizes the ICOA to prepare the State Plan for delivering services to older Idahoans and vulnerable adults. The period covered by this State Plan is October 1, 2012 through September 30, 2016.

The Administrator of the ICOA is appointed by, and serves at the pleasure of, the Governor. By State statute, the Governor appoints a seven member Board of Commissioners to advise the Administrator regarding programs, policies and issues addressed by the ICOA.

AAA Vision

(delineate)

"The AAA's Vision reflects the broader Vision and Goals set by the State Unit and AoA..."

(delineate)

AAA Mission

(delineate)

AAA Values Needs update ICOA will provide this section

AAA Funding

The AAA receives and manages more than \$xxxxxx of federal and state funds annually, xx% of which is contracted to local providers across (insert area here), who served over xxxxxx Idahoans in 2011.

Federal Funds: The ICOA receives an annual allotment of funds under Title III of the Older Americans Act, as amended, from the AoA. The federal funds are allocated to the six AAAs based on a federally approved intrastate funding formula. A copy of this funding formula is attached as Addendum F.

The funding formula takes into account to the maximum extent feasible the best available statistics on the geographical distribution of individuals aged 60 and older currently residing in Idaho, with particular attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail, i.e., those who are over 75 or over 85, those living in rural communities and/or in poverty, those identified as being of a racial or ethnic minority, and those living alone. Under the formula, regions of Idaho having a higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands.

State Funds: The AAA is also allocated through the ICOA a portion of state funds as appropriated by the Idaho Legislature. These state funds are allocated pursuant to the federal formula, using an implementation process.

Administrative Services

As the State Unit on Aging, ICOA Administrative Services personnel enter into funding agreements as grants or contracts with designated local area agencies for the purpose of issuing contracts at the local level to provide aging and disability services. Such grants and contracts are subject to performance and financial audit in conformance with state practices and statutes.

ICOA also maintains a seat on the State Agency Emergency Coordinators Work Group and, by Executive Order, works on specific emergency assignments through the Idaho Emergency Operations Plan.

Information Management System

The ICOA has used the Harmony Information Systems, Social Assistance Management System (SAMS) since 1999. In 2008, ICOA adopted a centralized version of the SAMS database. Data from all six AAAs was merged into this single database which all authorized users can now access via the Internet. This approach frees users from the need to maintain either the application or a local database as they can now update their data, run queries or create reports at the AgingNetwork.com website.

The 2012 SAMS 3.0 upgrade contains features that meet all of AoA's current reporting requirements, including those of the National Family Caregiver Support Program ("NFCSP") component. The ICOA requires all AAAs to use standardizing service descriptors and service categories to ensure more accurate reporting of units and clients.

The ICOA also utilizes the Harmony Information Systems, OmbudsManager tracking software, but will retain a separate database for each AAA.

AAA Staff

Current Agency Positions are described below in alphabetical order:

AAA Advisory Council

As required by the **Older Americans Act**, all area agencies (except tribal organizations) must have an **advisory council**.¹

Advisory Council members serve as advocates and spokespersons for older adults residing in their representative counties. They make recommendations to the Area Agency on Aging concerning issues and initiatives affecting the 60+ population in the region and the use of federal and state aging funds.

A roster of the AAA's current Advisory Council is attached as Addendum D.

¹ Older Americans Act of 1965: Subchapter III: Grants for State and Community Programs on Aging: Part A-- General Provisions: Area Plans, Sec. 306(a)(6)(D): "establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan."

The Planning and Service Area

Insert PSA Map here

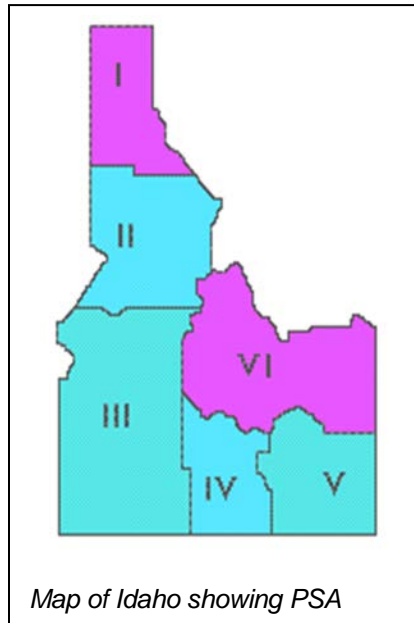
Overview

For specific demographic data pertaining to PSA ???, see Addendum A.

Each AAA is responsible for planning, development and delivery of services within the counties that make up its PSA. Each AAA is affiliated with a “parent” or “umbrella” agency. Variation in governance, staff and available resources enhance the AAAs’ diversity, making each of the six jurisdictions unique and differentiating each AAA’s relative capacity to deliver services to residents of its particular region.

Each of Idaho’s AAAs is required to directly provide certain core programs: Information and Assistance, Case Management, Ombudsman, and Adult Protection. The AAA also contracts with local community service providers to deliver other services. These services include, but are not limited to: Home-Delivered Meals, Congregate Meals, Family Caregiver Support, Transportation, Homemaker, Legal Assistance, and Respite.

Map of specific region showing major Cities and highways.



If an AAA cannot locate a local provider for a non-core service, the AAA may request a waiver from the state unit to provide the service directly until such time as a provider can be found.

The ICOA stipulates that each AAA prepare a basic disaster plan for its region. AAAs are further encouraged to participate with Local Emergency Management Planning Councils in planning on behalf of area seniors and to offer emergency planning information to seniors.

PSA?? and its Area Agency on Aging

PSA I

Geographic Information:

The region in PSA I covers 7,932 square miles in five northern-most counties in the state: Benewah, Bonner, Boundary, Kootenai, and Shoshone. Area Agency on Aging I (AAA I) is a division within the Department of North Idaho College. AAA I is located in Coeur d'Alene, the region's largest city also referred to as Idaho's Panhandle. North Idaho's clear lakes and old growth forests have long attracted tourists while providing its resident population with both recreation and a livelihood through the lumber and mining industries.

Demographic Information:

Based on the 2010 Census, the total population in PSA I was (Need total population by all counties in region) of which (Need age over 60) individuals were over the age of 60. Almost (Need %) of the population resides in Kootenai County where the city of Coeur d'Alene is located. The region's culture is influenced by three universities North Idaho College, Lewis- Clark State College and the University of Idaho (located adjacent to PSA II).

Current Area Assessment:

(Place Holder)

Future Needs:

(Place Holder)

PSA II

Geographic Information:

The region in PSA II covers 13,403 square miles in five north-central Idaho counties: Lewis, Idaho, Clearwater, Latah, and Nez Perce. PSA II is mostly rural except for the major university cities of Lewiston and Moscow. Students come from all over the nation and several foreign countries to enroll at Lewis-Clark State College or the University of Idaho. Their presence has a strong influence on the character of the metropolitan area.

Beyond urbanized Lewiston, Idaho's only inland port city, the region's five counties present a diverse topography which includes expanses of prairie and farmland as well as rugged mountainous terrain. Isolated communities tucked into the region's mountains and valleys are difficult to reach at any time; during the snowy winters, these tiny settlements are virtually inaccessible.

Demographic Information:

Based on the 2010 Census, the total population in PSA II was (Need total population by all counties in region) of which (Need age over 60) individuals were over the age of 60. The Area Agency on Aging and Adult Services (AAA II) is a department within Community Action Partnership and has its office in Lewiston.

Current Area Assessment:

(Place Holder)

Future Needs:

(Place Holder)

PSA III

Geographic Information:

The largest region, both in terms of area (21,879 square miles), number of counties (ten: Ada, Canyon, Elmore, Payette, Washington, Adams, Boise, Owyhee, Gem, and Valley) is also the most urbanized.

The Boise Metropolitan Statistical Area (MSA) is Idaho’s “megacity”, sprawling over two counties (Ada and Canyon) and actually including the cities of Boise, Meridian, Nampa and Caldwell, along with several formerly small communities that have recently grown into adjoining satellite cities. The area is collectively known as the Treasure Valley. The metropolitan area’s quality of life is further enhanced by the presence of several colleges and universities. The AAA serving this entire region is Sage Community Resources located in Garden City.

Demographic Information:

Based on the 2010 Census, the total population in PSA III was (Need total population by all counties in region) of which (Need age over 60) individuals were over the age of 60.

Current Area Assessment:

Low priced housing has become hard to find in the city and its outlying suburbs. Mobile home parks formerly occupied almost entirely by elderly and disabled individuals were sold to developers, leaving their residents to scramble for whatever other affordable housing they could find at a time when the volume of such housing continues to shrink.

Population growth has also created waiting lists for social services and strained the capacity of law enforcement, public transportation, food banks and other providers of necessary supports.

Future Needs:

(Place Holder)

PSA IV

Geographic Information:

The region in PSA IV covers 11,509 square miles in eight counties (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls). The College of Southern Idaho, located in the city also named Twin Falls, is the parent organization for the area agency on aging which serves PSA IV. All eight counties contain a high percentage of protected federal land; several are only sparsely populated.

Demographic Information:

Based on the 2010 Census, the total population in PSA IV was (Need total population by all counties in region) of which (Need age over 60) individuals were over the age of 60. A population of about (Need total population) is concentrated in the city of Twin Falls.

Urban growth there is enhanced by Idaho's second refugee resettlement project which in recent years has fueled emerging racial and cultural diversity. Cassia County is home to one of Idaho's largest Hispanic communities, made up of agricultural workers and former agricultural workers. AAA IV takes particular pride in its outreach efforts to elders in these minority ethnic communities; it has published informational materials in several languages.

There is evidence that Twin Falls may also follow northern Idaho and the Boise Metropolitan Statistical Area (MSA) in attracting new, affluent retirees. The rest of the region remains essentially rural. The region's centerpiece is world famous Sun Valley in Blaine County.

Current Area Assessment:

(Place Holder)

Future Needs:

(Place Holder)

PSA V

Geographic Information:

The region in PSA V covers 9,491 square miles in seven counties: Bannock, Bear Valley, Bingham, Caribou, Franklin, Oneida, and Power. The Southeast Idaho Council of Governments hosts the AAA for this region which out of its offices in the city of Pocatello. Beyond Pocatello, most of the PSA is rural. One unique feature of the area is the Fort Hall Reservation located just a few miles out of Pocatello. The Shoshone-Bannock Tribe runs a casino nearby, as well.

Demographic Information:

Based on the 2010 Census, the total population in PSA V was (Need total population by all counties in region) of which (Need age over 60) individuals were over the age of 60.

Current Area Assessment:

(Place Holder)

Future Needs:

(Place Holder)

PSA VI

Geographic Information:

The region in PSA VI covers 19,330 square miles in nine eastern-most counties in the state: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton. The AAA serving PSA VI operates out of Idaho Falls and is part of Eastern Idaho Community Action Partnership. From the high plains of Bonneville County to

the mountainous terrain of Lemhi County, the region’s topography is diverse. PSA VI borders Wyoming near Yellowstone National Park and the Teton Mountains.

Demographic Information:

Based on the 2010 Census, the total population in PSA VI was (Need total population by all counties in region) of which (Need age over 60) individuals were over the age of 60. Idaho Falls is the largest city.

Current Area Assessment:

(Place Holder)

Future Needs:

(Place Holder)

Programs and Services Provided by AAA ??

Overview

The AAA contracts with local providers to deliver a variety of aging services within its PSA. Programs and supportive services provided by Aging Network partners and local contracted providers enable families residing in the seven counties to remain together in their own communities and frail elderly to remain in their own homes, avoiding or at least postponing institutionalization. The AAA is especially important in guiding those who are eligible for Medicaid services to the Idaho Department of Health and Welfare (IDHW) and providing service options for persons whose incomes are above qualifying them for Medicaid but who are nonetheless low-income and without sufficient resources to meet their care needs through private-pay sources. The services are critical too for the growing population of caregivers, many themselves elderly, who are stretched to capacity caring for dependent relatives at home. Local Aging Network partners are the only source of assistance for many seniors and their families.

The AAA plans, develops, and implements a system of services for individuals aged 60 and older in the region. The services are targeted to those with the greatest economic and/or social needs, with particular emphasis on serving low income minority elderly and older persons with limited English proficiency and/or who reside in rural communities. See Addendum I for a detailed listing of the AAA’s “Methods for Serving Prioritized (“Targeted”) Populations”.

Federal Act funding and State Act funding provide for a comprehensive array of services and the administrative infrastructure needed to deliver them. Foundation grants and local sources also contribute support for some services. In addition, client contributions (program income) and donations in the form of goods or volunteer hours are necessary to assure the continuance of supportive services such as Home-Delivered Meals and Homemaker services, not only because of the monetary aspect, but also because donations from clients and others in the community are an indicator of the importance of the service to those who use and benefit from it.

SERVICES PROVIDED by AAA . . .

Adult Protection Services Program

Idaho's Adult Abuse, Neglect and Exploitation Act, Idaho Code chapter 53, title 39 governs Adult Protection ("AP") activities in the state. The AP Act is intended to preserve the personal liberty and freedom of choice of all persons aged 18 or older who are vulnerable to abuse, neglect or exploitation; to prevent and/or alleviate conditions that result in abuse, neglect and/or exploitation; and to maintain vulnerable individuals' safely in their homes and communities to the extent appropriate. The AP Act defines a vulnerable adult as an individual suffering from a physical or mental impairment that has affected his/her judgment or behavior to the extent that he/she lacks sufficient understanding or capacity to make, communicate or implement decisions regarding his/her person.

The ICOA administers the AP program and provides AP services statewide through contracts with each of the six AAAs. The AAAs provide services mandated by the AP Act on behalf of vulnerable adults residing within their PSA.

AP investigate reports of abuse, neglect, and exploitation involving vulnerable adults and take remedial measures to reduce or eliminate the abusive, neglectful, or exploitative situation, including referring substantiated cases to AAA Case Managers for supportive services or to law enforcement and the Department of Health and Welfare for further investigation and action.

Case Management Program

Case Management is an integral part of a community-based support system that serves elderly population and their family caregivers. The ICOA requires the AAAs to provide Case Management services. Case managers interview and assess each client then develop an individualized Supportive Services Plan. Clients are periodically reassessed and Supportive Service Plans are modified as needed. Case Management assists elderly persons to access resources they need to remain in their own homes with a high quality of life for as long as possible.

Health Promotion

Health Promotions include health screenings, exercise programs, informational events such as health fairs and presentations to senior groups.

Homemaker

The Homemaker service provides necessary housekeeping tasks such as laundry, meal preparation and vacuuming to frail elderly clients who need assistance to live independently at home.

Information and Assistance

Information and assistance provides services for older individuals that:

- (1) Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
- (2) Assesses the problems and capacities of the individuals;
- (3) Links the individuals to the opportunities and services that are available;
- (4) To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and

- (5) Serves the entire community of older individuals, particularly:
 - (a) Older individuals with the greatest social need;
 - (b) Older individuals with the greatest economic need; and
 - (c) Older individuals at risk for institutional placement.

Legal Assistance

This service provides legal advice, counseling, or representation by an attorney or other person acting under the supervision of an attorney, for older individuals with economic or social needs.

National Family Caregiver Support Program (NFCSP)

There are two groups who are eligible to receive services under this program:

- (1) family caregivers taking care of an elderly person 60 years of age or older, and
- (2) grandparents and other relatives aged 55 years or older who are caring for a “child” (an individual who is not more than 18 years of age or who is an individual with a disability).

Among the NFCSP services available to these families are:

- (1) Public Information services;
- (2) Access Assistance;
- (3) Counseling, Support Groups and Caregiver Training to help caregivers make decisions, resolve problems, and develop the skills needed to care for their loved one;
- (4) Respite to provide caregivers with a break from their care-giving responsibilities;
- (5) Supplemental Services that can help modify a home, provide supplies necessary to assist the individual, and offer support to the caregiver.

Nutrition Program

The goal of the senior nutrition program is to provide seniors with an opportunity to socialize and participate in their community, decrease isolation, improve nutritional intake, and access supportive services that enhance their quality of life and overall health. The Program provides two separate but related services: Congregate Meals and Home-Delivered Meals.

- (1) Congregate Meals are served in group settings, most often at senior centers, but also occasionally at meal sites located in churches or schools.
- (2) Home-Delivered Meals are delivered to eligible individuals who are homebound due to frailty or illness, or for some other reason unable to prepare a nutritious meal for themselves.

Older Worker Employment and Training Services and Initiatives

The Idaho Commission on Aging is designated by the Governor as the administrative entity for the Senior Community Service Employment Program (“SCSEP”). SCSEP is the primary source of employment and training services for older Idahoans. The SCSEP program is governed by Title V of the Older Americans Act.

The SCSEP serves unemployed Idahoans, 55 years of age and older, who have limited financial resources. Many of the program participants have not worked outside the home for many years or have outdated skills. The program helps seniors obtain the training and work experience they need to successfully compete for jobs. Idaho’s SCSEP features a program design tailored to the unique needs of older Idahoans.

Ombudsman

The Long-Term Care Ombudsman program protects the health, safety, welfare, and rights of individuals in Idaho who are over age 60 and reside in nursing homes and assisted living facilities. In addition, Ombudsmen may investigate complaints from anyone over 60 receiving long-term care services in the community.

Six local Ombudsman programs regularly provide unannounced visits to all nursing homes and assisted living facilities in Idaho to give residents timely access to complaint resolution. At least one Ombudsman is located within each PSA. Ombudsmen also provide public information and training on aging issues.

In discharging its duties, the Ombudsman program coordinates with other state agencies including the Department of Health & Welfare, Department of Veterans Affairs, and Adult Protection Services.

In order to meet the growing demand for ombudsman services, a *Volunteer Ombudsman Program* has been developed and now operates in Idaho. Volunteer Ombudsmen receive many hours of intensive training and preparation. Their dedicated efforts are crucial in enabling the Ombudsman Program to achieve its mandate of monitoring the wellbeing of residents in the many long-term care and assisted living facilities throughout the state.

Outreach

The Outreach program identifies and informs older persons in the urban and rural communities who are not receiving services or benefits.

Respite

The Respite program is a home and community based service designed to encourage and support efforts of caregivers. Respite provides companionship and socialization for the care recipient and restores mental and physical well-being of the caregiver by providing consistent relief from caregiving.

Senior Medicare Patrol

The Senior Medicare Patrol ("SMP") ensures that persons on Medicare are informed about Medicare fraud and abuse issues. The SMP project also performs outreach to Hispanic/Latino Idahoans living in PSAs III and V and to all three major Indian tribes established within the State.

Transportation

Transportation services designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living, but not including a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.

Cost Sharing

The Older Americans Act includes a provision for a State to implement cost sharing, through the use of a sliding fee scale, with regard to certain services provided with federal funds. States are not permitted, however, to implement cost sharing for the following services:

- Information and Assistance, Outreach, Benefits Counseling, or Case Management services
- Ombudsman, Elder Abuse Prevention, Legal Assistance, or other consumer protection services
- Congregate and Home-Delivered Meals
- Any services delivered through tribal organizations

When using Federal funds to provide a service, cost sharing by a low-income older individual is not allowed if the income of the individual is at or below the Federal poverty line. Assets, savings, or other property owned by older individuals are not considered when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for the cost sharing, or when seeking contributions from any older individual. Older individuals' eligibility for cost share is determined solely by a confidential declaration of income and there is no requirement for verification. If Idaho permits cost sharing for programs and services that utilize federal funds, then the State shall establish a sliding fee scale, based solely on individual income and the cost of delivering services. Idaho and its AAAs will not deny any service to an older individual due to the income of such individual or such individual's failure to make a cost sharing payment.

Rules governing State Act programs also permit cost sharing in the form of a sliding fee scale for services supported with state funds. Cost sharing payments are required from certain clients receiving Homemaker services. Clients whose household income exceeds 100% of poverty (as established by the United States Department of Health and Human Services), after certain adjustments for medical expenses, are required to make a cost sharing payment according to a sliding fee scale established by ICOA. ICOA updates the sliding fee scale annually, with implementation of the new fee beginning July 1st of each year. A copy of the sliding fee scale is attached as Addendum G.

Both the Older Americans Act and Idaho's rules governing State Act programs and services provide that States, AAAs, and providers, will protect the privacy and confidentiality of each older individual, and that States, AAAs and providers will maintain records of cost sharing payments received and will use each collected cost share payment to expand the service for which such payment was given.

Grants

Aging and Disability Resource Center in Idaho, Aging Connections

In October 2009, ICOA was awarded a three year ADRC federal grant from AoA to further expand Idaho's ADRC efforts to a statewide model. ICOA developed a steering committee from partnerships with policy makers and key stakeholders.

The steering committee developed Idaho's Five Year Plan that focused on regional "grass roots" efforts and partnerships to develop statewide access to senior and disability resources.

Idaho's first Long Term Care Symposium was held in September 2009 which provided an opportunity for the steering committee members to learn about Idaho's services and resources available along the continuum of care for older persons and persons with disabilities.

In May 2010, the steering committee met and developed an initial draft of the ADRC values, purpose and vision. A second formal meeting was held in August 2010, for the purpose of setting a strategic direction for the statewide ADRC.

In 2010, ICOA developed and presented onsite training to Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs) about ADRCs functionalities, particularly Information and Referral, Options Counseling, Benefits Counseling, Hospital Discharge, Customer Service and Motivational Interviewing.

In January 2012, ICOA launched the ADRC website for Idaho (www.aging.idaho.gov). The new website provides access to the local ADRC sites and connects consumers to other ADRC partners.

In December 2011, Medicaid and ICOA were awarded the Money Follows the Person (MFP)/ADRC grant. This grant is to provide Person Centered Planning for MFP clients transitioning from a facility to a home and community based setting.

In January 2012, a MOU was signed with Idaho's 211 Careline as a centralized phone number for the ADRC. ICOA and the AAAs continue to work together to establish statewide access for ADRC services to consumers.

Area wide Grants Received

1. (delineate)
- 2.
- 3.
- 4.

Collaborative Partners

(Delineate)

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum A: Area Demographics

Addendum A: Idaho - A State of Growth and Change **(Developing)**

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum B: Needs Assessment

SERVICE NEEDS AND / OR GAPS IN SERVICE PROVISION AND / OR AVAILABILITY						
WITHIN PSA ??, AS ASSESSED FOR 2012						
(to be updated for each year this Plan is in effect)						
<p>The 1992 amendments to the Older Americans Act require each state to assess the needs of its older residents, with particular attention to unmet needs and gaps in available services. Provision to provide input from public and private providers of services related to such gaps in current service availability is also indicated in the revisions to the Act. This Needs Assessment provides a format for documenting current service needs in the PSA. Services presently being offered in Idaho are listed in the left-hand column. In the four right-hand columns, place an "X" in the appropriate category to indicate if the service is (1) NOT needed; (2) available in sufficient supply to meet present need (for example-- no waiting list); (3) service is available BUT in insufficient supply to meet the currently assessed level of need (for example-- five or fewer clients on waiting list); or (4) service is unavailable or need is far greater (for example-- large waiting list) than present of service (i.e., a significant service gap exists).</p>						
	SERVICE NAME	NOT NEEDED; NOT PROVIDED	SUFFICIENT: ADEQUATE PROVISION TO MEET CURRENT NEED	MODERATE NEED: PROVISION INSUFFICIENT TO MEET CURRENT NEED	GREAT NEED: COMPLETELY INSUFFICIENT PROVISION OR NO PROVISION	NOTES RE: HOW NEED WAS DETERMINED; OTHER COMMENTS
1	ADULT DAY CARE					
2	ADULT PROTECTION					
3	ASSISTED TRANSPORTATION					
4	CASE MANAGEMENT					
5	CHORE SERVICES					
6	CONGREGATE MEALS					
7	FAMILY CAREGIVER					
8	HEALTH PROMOTION					
9	HOME-DELIVERED MEALS					
10	HOMEMAKER SERVICES					
11	INFORMATION & ASSISTANCE					
12	LEGAL COUNSEL/ASSISTANCE					
13	NUTRITION ED./COUNSELING					
14	OLDER WORKER PROGRAMS					
15	OMBUDSMAN SERVICES					
16	OUTREACH					
17	RESPIRE CARE					
18	TRANSPORTATION					
Other Client Needs Not Currently Being Addressed by Existing Programs/Services						
19	VOLUNTEERS					
20	HOME REPAIRS					
21	FRIENDLY VISITING					
22	ALZHEIMER'S TRAINING					

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum C: PSA Area Plan Instructions

Area ?? Agency on Aging
PSA Area Plan Instructions
For Federal Fiscal Years 2012 – 2016

GOALS, OBJECTIVES, STRATEGIES AND OUTCOME MEASURES

The goals and objectives listed below are the same as those presented in the current State Plan. The strategies here are the AAA's specific planned actions for achieving the statewide goals and objectives within their jurisdiction (PSA). Progress of strategies and the outcome measures outlined below are annually reviewed and a report is submitted to the Idaho Commission on Aging (State Unit).

Goal 1

Objective 1.1:

Strategies:

Objective 1.2:

Strategies:

Outcome Measures:

1.1:

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum D: Advisory Council Roster

AREA ?? ADVISORY COUNCIL PROFILE: 2012

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

Form Revised 8-21-2008

NAME & ADDRESS

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:

TERM ENDS (DATE):

ELECTED

AGED 60+

MINORITY

OFFICIAL

YES

NO

YES

NO

YES

NO

Other Volunteers and Part-time or Occasional Participants, Consultants and Advisors (NOT "Official" Council Members), AREA ??: 2012						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						
NAME & ADDRESS						
					ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:						

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum E: Projected Outputs

PROJECTED OUTPUTS: 2012

Calendar Year = January 1 through December 31

AREA ?? SERVICE UNITS:						
Service Name	Funding Source(s)	FY 2012 Completed	FY 2013 In Progress	FY 2014 Projected	FY 2015 Projected	FY 2016 Projected
Information & Assist.	III-B					
Outreach	III-B					
Transportation	III-B					
Congregate Meals	III-C1					
H-D Meals	III-C2					
Legal Asst.	III-B					
Homemaker	State					
Case Management	III-B: State					
Respite Care	State					
Family Caregiver 60+	III-E					
CATEGORY I: Information Services	III-E					
CATEGORY II: Access Assistance a. I&A	III-E					
II-b. Case Management	III-E					
II-c. Transportation	III-E					
CATEGORY III: Counseling	III-E					
CATEGORY IV: Respite	III-E					
Category V: Defined Supplemtl. Svcs.	III-E					
Other	III-E					

Family Caregiver For RELATED CHILDREN	III-E	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>					
<i>II-b. Case Management</i>	<i>III-E</i>					
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>					
<i>CATEGORY IV: Respite</i>	<i>III-E</i>					
<i>Category V: Defined Supplem. Svcs.</i>	<i>III-E</i>					
<i>Other</i>	<i>III-E</i>					
Ombudsman	III-B T-VII					
Adult Protection	State					
Adult Day Care	III-B					
Health Promotion	III-D					
Medication Management	III-D					
Other (Local Option)						
Other (Local Option)						
Other (Local Option)						
Other (Local Option)						

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum F: Emergency Preparedness Plan

**AAA ?? DISASTER PLAN
TO MEET THE NEEDS OF AREA SENIORS
IN THE EVENT OF
NATURAL OR MAN-MADE DISASTER
OR OTHER WIDESPREAD EMERGENCY**
Updated for 2012

The Administration on Aging and the Aging Network composed of State and Area Agencies on Aging, Native American Tribal Organizations, service providers and educational institutions have the legislative mandate to advocate on behalf of older persons and to work in cooperation with other Federal and State programs to provide needed services. The authority and responsibility of the Administration on Aging and the Aging Network to provide disaster services is found within the charge from the Older Americans Act to serve older persons in greatest need and from Title III, Sec. 310, Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older people will not be served as well as the general population unless they can receive the special assistance that only the Aging Network can provide in disasters. To elevate the capability of the Aging Network to be able to respond quickly and effectively in serving older disaster victims, the Administration on Aging developed the *Emergency and Disaster Preparedness and Assistance* guide, which is available online at <http://www.aoa.gov/press/preparedness/preparedness.asp>. This guidance is a useful tool for State and Area Agencies on Aging to use as they develop disaster preparedness plans and train staff to better serve the needs of older disaster victims.

Statement of Understanding Between the American National Red Cross and The Administration on Aging further demonstrates the commitment and responsibility of the Aging Network to prepare for and respond in disaster relief situations. This SOU emphasizes the Aging Network's ability to perform two basic types of disaster assistance service, which are:

- Advocacy and Outreach – assuring that older persons have access to and the assistance necessary to obtain needed services, including locating older persons; getting medical attention if needed, including medications and assistive devices; assisting in the completion and filing of applications for financial and other assistance; and follow-up monitoring to assure needs are met.
- Gap-filling – to assure that needed services and follow-up are provided beyond the timeframes and restrictions of other relief efforts if necessary. OAA funds can be used for chore, homemaker, transportation, nutrition, legal, and other temporary or one-time only expenses which help older persons retain maximum independent living.

Methods of Cooperation agreed upon and encouraged in the *Statement of Understanding* include; disaster planning and preparedness, sharing statistical and other data on elderly populations, establishment of disaster advocacy and outreach programs, and making congregate and home delivered meals programs available to the general public during a disaster.

State of Idaho Executive Order No. 2006-10 and the Idaho Emergency Operations Plan assign specific emergency support activities to the Idaho Commission on Aging and the Area Agencies on Aging in assisting and in support of local and state government prior to and during emergencies and disasters. Among these are:

- 1. Develop area-wide plans for the following:
 - a. Assessing the needs of the elderly and homebound elderly.
 - b. Coordination of senior services through the Area Agencies on Aging during natural or man-made disasters.
 - c. Providing information/assistance to their clientele and the public.
 - d. Utilization of senior citizen centers for shelter, mass feeding and rest centers.
 - e. Identification of homebound isolated elderly clients.

To help meet these obligations, to insure business continuity and to meet the needs of older citizens in an emergency, the Idaho Commission on Aging requires that each Area Agency on Aging develop an All-Hazard Disaster Preparedness Plan in cooperation with state and local emergency management officials, voluntary organizations, and service providers.

Basic Components of an Area-Wide Disaster Plan:

- 1. Name, title, and contact information of AAA person responsible for implementation of area’s Disaster Plan:

NAME	TITLE/POSITION	TELEPHONE / CELLULAR / EMAIL

- 2. Names, titles and duties of other AAA staff with Emergency Assignments:

NAME (AAA staff)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT

- 3. Alternate AAA business location if primary office is inaccessible or uninhabitable:

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS

4. Does the AAA have personal and community disaster preparedness information available for clients, services providers and the general public?

YES ☐ NO ☐

5. Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAA coordinates emergency planning for the needs of older citizens, and will collaborate during an emergency or disaster situation:

NAME	AGENCY NAME AND ADDRESS	TELEPHONE – CELLULAR #S	COUNTY/ OTHER JURISDICTION

6. Are there clauses included in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency?

YES ☐ NO ☐

7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAA will coordinate emergency services.

NAME / ADDRESS OF SERVICE PROVIDER	TELEPHONE AND CELLULAR NUMBER	PROGRAM OR SERVICE / DISASTER RESPONSE

8. Does the AAA have a process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster?

YES ☐

NO ☐

Describe the process:

9. Does the AAA disaster plan include a process for “call downs” to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency? *If YES, be sure to list staff member and emergency assignment in # 2.*

YES ☐

NO ☐

10. Does the AAA disaster plan include a process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period?

YES ☐

NO ☐

11. Does the AAA disaster plan include a process for staff and service providers to record employee’s time and expenses associated with disaster related activities (necessary to apply for reimbursement in the event of a presidential disaster declaration)?

YES ☐

NO ☐

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens’ needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish “call-down” lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum G: Area Budget

AAA RESOURCE ALLOCATION PLAN (TEMPLATE)

FFY _____ Funding Levels: Title III, Parts B, C1, C2, D, E and Title VII, Parts A and B, NSIP and Adult Protection

FEDERAL FUNDING**Amounts to be awarded for AAA Administration**

<u>Title/Part</u>	<u>Total</u>	<u>AAA 1</u>	<u>AAA 2</u>	<u>AAA 3</u>	<u>AAA 4</u>	<u>AAA 5</u>	<u>AAA 6</u>
<u>Title III: ADMINISTRATION FEDERAL ALLOCATION:</u>	\$6	1	1	1	1	1	1
Totals	\$6	\$1	\$1	\$1	\$1	\$1	\$1

Amounts to be awarded for AAA Base

<u>Title/Part</u>	<u>Total</u>	<u>AAA 1</u>	<u>AAA 2</u>	<u>AAA 3</u>	<u>AAA 4</u>	<u>AAA 5</u>	<u>AAA 6</u>
III B: Supportive Services	\$6	\$1	\$1	\$1	\$1	\$1	\$1
III C1: Congregate Meals	\$6	\$1	\$1	\$1	\$1	\$1	\$1
III C2: Home Delivered Meals	\$6	\$1	\$1	\$1	\$1	\$1	\$1
III D: Preventive Health	\$6	\$1	\$1	\$1	\$1	\$1	\$1
<u>III E: Family Caregiver</u>	<u>\$6</u>	<u>\$1</u>	<u>\$1</u>	<u>\$1</u>	<u>\$1</u>	<u>\$1</u>	<u>\$1</u>
Totals	\$30	\$5	\$5	\$5	\$5	\$5	\$5

Amounts to be awarded by formula

<u>Title/Part</u>	<u>Total</u>	<u>AAA 1</u>	<u>AAA 2</u>	<u>AAA 3</u>	<u>AAA 4</u>	<u>AAA 5</u>	<u>AAA 6</u>
III B: Supportive Services	\$6	1	1	1	1	1	1
III C1: Congregate Meals	\$6	1	1	1	1	1	1
III C2: Home Delivered Meals	\$6	1	1	1	1	1	1
III D: Preventive Health	\$6	1	1	1	1	1	1
<u>III E: Family Caregiver</u>	<u>\$6</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Totals	\$30	\$5	\$5	\$5	\$5	\$5	\$5
Total Title III Services	\$66	\$11	\$11	\$11	\$11	\$11	\$11

Amounts to be awarded from Title VII

<u>Title/Part</u>	<u>Total</u>	<u>AAA 1</u>	<u>AAA 2</u>	<u>AAA 3</u>	<u>AAA 4</u>	<u>AAA 5</u>	<u>AAA 6</u>
VII: Ombudsman	\$6	\$1	\$1	\$1	\$1	\$1	\$1
Totals	\$6	\$1	\$1	\$1	\$1	\$1	\$1

TOTAL FEDERAL FUNDS	\$108	\$18	\$18	\$18	\$18	\$18	\$18
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STATE FUNDING

Total State Allocation for Adult Protection	\$6	\$1	\$1	\$1	\$1	\$1	\$1
Total State Allocation for Required Title III and VII Match	\$6	\$1	\$1	\$1	\$1	\$1	\$1
Total State Allocation to Support other Senior Service Act	\$6	\$1	\$1	\$1	\$1	\$1	\$1
TOTAL STATE FUNDS	\$18	\$3	\$3	\$3	\$3	\$3	\$3

TOTAL AAA BUDGET (STATE AND FEDERAL)	\$126	\$21	\$21	\$21	\$21	\$21	\$21
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ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum H: Intrastate Funding Formula

Addendum H: Intra-State Funding Formula for Title III Funds

Idaho Intrastate Funding Formula OAA Title III Funds (not including Title VII)										Adopted (M/D/Y) Effective (M/D/Y)			
PSA I II III IV V VI TOTAL	Total OAA \$ (not including ICOA portion):									\$			AVAILABLE 2010 FUNDS DISTRIBUTED ACCORDING TO RISK PERCENTAGES + \$50,000 BASE + \$99,186 AAA ADMIN.
	Less AAA Admin base:									\$			
	Less \$50,000 Base Amount awarded to each AAA:									\$			
	Balance to be Distributed by Formula:									\$			
	2010 Total PSA Population	TOTAL PERSONS AGED 60+ IN PSA	Factors used in Weighted Elderly Population (At Risk)								WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED PERCENTAGE	
			NUMBER OF 65+ LIVING IN POVERTY	35+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+				

Notes RE Calculations and Sources

Source documentation from the ID Dept. of Labor for the Idaho Commission on Aging Intrastate Funding Formula for 2010

- Column 1** Total PSA Population: U.S. Census Bureau, March 23, 2010
- Column 2** Total Persons Aged 60+: U.S. Census Bureau, June 2010, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin. CC-EST2009 - ALLDATA
- Column 3** 65+ Poverty: U.S. Census Bureau, American Community Survey, PUMA, 1-year estimates, November 2010, Table B117001
- Column 4** 65+ Living alone: U.S. Census Bureau, American Community Survey, PUMA, 1-year estimates, November 2010, Table B11010
- Column 5** 65+Racial Minority not Hispanic: U.S. Census Bureau, May 19, 2009, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin. CC-EST2008 - ALLDATA (Racial minority is defined as all persons 60 years and over minus White not Hispanic and Hispanic to avoid double counting of Hispanic in the adjacent At Risk column (column 8))
- Column 6** 60+ Hispanic: U.S. Census Bureau, June 2010, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin. CC-EST2009 - ALLDATA
- Column 7** 60+ Living in Rural Counties: U.S. Census Bureau, June 2010, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin. CC-EST2009 - ALLDATA
- Column 8** Aged 75+: U.S. Census Bureau, June 2010, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin. CC-EST2009 - ALLDATA
- Column 9** Aged 85+: U.S. Census Bureau, June 2010, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin. CC-EST2009 - ALLDATA

Column 10 Sum of columns 3 - 9, adds up units of risk for each PSA

Column 11 Depicts units of risk for each PSA as percentages

Column 12 Breaks out available funding by PSA based on percentages of elderly population At Risk

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum I: Methods

METHODS FOR SERVING PRIORITIZED (“TARGETED”) POPULATIONS RESIDING WITHIN PSA ??

During the period (2012 through 2016) covered by this Area Plan, the AAA shall undertake those prioritization (“targeting”) strategies which are checked below:

___ Conduct surveys, utilize Census data, consult with community leaders, and employ any other appropriate methods to identify and locate those residents of the PSA who qualify as low-income and/or minority elderly;

___ Conduct surveys, utilize Census data, consult with community leaders, and employ any other appropriate methods to identify and locate any communities within the PSA in which low income and/or minority persons predominate;

___ Utilize Outreach and other informational and educational programs to alert and inform such prioritized individuals and communities regarding availability of aging services;

___ Publish information regarding aging services as well as how to access them in the primary language(s) of the “targeted” individuals and their families.

___ Assure that such published information is circulated or broadcast in communities where the predominant language is other than English, in whatever manner is appropriate within the context of that community’s social/cultural norms;

___ Make every effort to recruit outreach workers and information/assistance workers who are fluent in the language(s) of the targeted population(s). Where feasible, solicit and recruit outreach and information/assistance workers who are themselves members of the targeted communities;

___ Establish ongoing partnerships with area organizations that serve or advocate on behalf of persons with particular disabilities so as to better locate and serve elderly individuals having disability-related needs; and

___ Incorporate service objectives, with specific strategies for targeting prioritized populations, within the “Goals and Objectives” section of the area plan.

☐ **Other (described):**

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum J: Assurances

Area Plan Assurances and Required Activities

(Adapted from the Older Americans Act,
the State Senior Services Act,
and from Other Federal and State Requirements)

GENERAL ASSURANCES

Each area agency on aging “AAA” must maintain documentation to substantiate compliance with the following assurance items paraphrased from the Older Americans Act of 1965, as amended and published June 15, 1993 and re-authorized in 2001 (the “Act”), from Federal Register publications, from the Idaho State Senior Services Act, or from other federal or state regulations. The Idaho Commission on Aging “ICOA” will review all documentation for adequacy, accuracy and completeness.

- A. **GENERAL ADMINISTRATION:** Compliance with all the requirements of the Act and the Idaho State Senior Services Act...
1. The AAA shall prepare and develop an area plan covering their planning and service area “PSA” for a two-, three-, or four-year period (length to be determined by ICOA) and to make such annual adjustments as may be necessary (section 306 (a)).
 2. The area plan shall be based upon a uniform format developed by the state unit in accordance with section 307(a)(1) of the Act and distributed to the AAA as a “shell” document on electronic media compatible with a statewide electronic media standard. The area plan shall state how the AAA will:
 - Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers within the PSA;
 - Determine the extent of need for supportive services, nutrition services, and multi-purpose senior centers in the PSA, taking into consideration, among other things, the number of older individuals with low incomes residing in the PSA (with particular attention to low-income minority individuals and older individuals residing in rural areas), and the number of older individuals who have greatest social need residing in the PSA (with particular attention to low-income minority individuals and older individuals residing in rural areas, including older Indians residing in the PSA);
 - Consider the efforts of voluntary organizations in the community and evaluate the effectiveness of community resources in meeting the needs of older individuals;
 - Enter into agreements with regional providers of supportive services, nutrition services, or multipurpose senior centers to provide services that meet identified needs (section 306 (a)).
 3. The AAA assures that an adequate proportion (as required under section 307(a)(2) of the Act) of the amount allotted for part B will be expended for each of the following categories of services:
 - Access services (transportation, outreach, information and assistance, and case management).
 - In-home services (e.g. homemaker and home health aides, visiting and telephone reassurance, chore maintenance, and supportive services for families of victims of Alzheimer’s disease and similar disorders); and

- Legal assistance (section 306 (a)(2)).
4. The AAA assures it will report annually to ICOA, in detail, the amount of funds expended for each category listed in paragraph 3 above during the fiscal year just concluded (section 306 (a)(2)).
 5. The AAA will designate, where feasible, a focal point in each community for comprehensive service delivery, giving special consideration to designating multipurpose senior centers as such focal points; and will specify, in grants, contracts, and agreements implementing the area plan, the identity of designated focal point(s) (section 306 (a)(3)).
 6. The AAA will set specific objectives for providing services to older individuals with greatest economic and/or social need, including specific objectives for providing services to low-income, minority individuals and older individuals residing in rural areas, and will specify proposed methods of carrying out the preference in the area plan (section 306 (a)(4)(A)(i)).
 7. The AAA assures that it will include in each agreement made with a provider of any service, a requirement that such provider will:
 - specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas;
 - to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
 - meet specific objectives established by the AAA for providing services to low-income minority individuals and older individuals residing in rural areas within the PSA (section 306(a)(4)(A)(ii)).
 8. The AAA assures that, with respect to the fiscal year preceding the fiscal year for which an area plan is prepared, it will:
 - identify the number of older low-income minority individuals and older individuals residing in rural areas in the PSA;
 - describe the methods used to satisfy the service needs of such minority older individuals and older individuals residing in rural areas; and
 - provide information on the extent to which the AAA met their service provision objectives described above (section 306 (a)(4)(A)(ii)).
 9. The AAA assures that it will use outreach to identify older individuals eligible for assistance under the Act, with emphasis on serving those who:
 - live in rural areas;
 - have greatest economic need, especially low-income minority individuals and older individuals residing in rural areas;
 - have greatest social need, especially low-income minority individuals and older individuals residing in rural areas;
 - have severe disabilities;

- speak little or no English;
 - are victims of Alzheimer's disease or a similar disorder and their caretakers; and
 - will inform older individuals identified as qualifying in any of the above- listed categories and their caretakers of the availability of such assistance (sections 306 (a)(4)(B) and 307(a)(16)).
10. The AAA assures that it will ensure that each activity undertaken by it, including planning, advocacy, and systems development, will include a focus on the needs of low-income, minority older individuals and older individuals residing in rural areas (section 306 (a)(4)(C)).
 11. The AAA assures that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs where appropriate to meet the needs of older individuals with disabilities (sections 306(a)(5) and 307(a)(17)).
 12. The AAA will provide technical assistance, as needed, and timely information to managers of multi-purpose community or senior centers and to other providers of supportive services and nutrition services (section 307(a)(20)).
 13. The AAA will serve as an advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the area plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies and community actions which will affect older individuals section 306(a)(6)(B)).
 14. The AAA will, in developing and administering its area plan, take into account the views of program participants/service recipients (section 306(a)(6)(A)).
 15. The AAA will, where possible, enter into arrangements with organizations providing day care services for children, assistance for older individuals caring for relatives who are children, and respite for families, so as to provide older individuals with opportunities to aid or assist on a voluntary basis in the delivery of such services to children, adults and families; and if possible regarding the provision of services, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals that were officially designated as community action agencies or community action programs under section 210 of the *Economic Opportunity Act of 1964* for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or programs; and that meet the requirements under action 675 (c)(3) of the *Community Services Block Grant Act* (section 306 (a)(6)(C)).
 16. The AAA will establish an area advisory council consisting of older individuals, including minority individuals and older individuals residing in rural areas, who are participants or who are eligible to participate in programs funded under the Act, of persons who are representatives of older individuals, of local elected officials, of providers of veterans' health care (if appropriate), and of the general public, for the purpose of continuously advising the AAA re all matters which relate to development and administration of the area plan, and to operations conducted under the plan (section 306(a)(6)(D)).
 17. The AAA shall establish effective and efficient procedures for coordination of entities conducting programs that receive assistance under the Act within the PSA served by the AAA and entities conducting other

federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) of the Act, within the PSA (section 306(a)(6)(E)).

18. The AAA will coordinate any mental health services provided with funds expended by the AAA for part B with the mental health services provided by community health centers and by other public agencies and nonprofit, private organizations (section 306(a)(6)(F)).
19. If there is a significant population of older individuals who are Native American in the PSA, the AAA will conduct outreach activities to identify such individuals in such PSA and will inform them of the availability of services (section 306(a)(6)(G)).
20. The AAA will facilitate the coordination of community-based, long-term care services designed to enable older individuals to reside in their homes by means including:
 - development of case management services as a component of the long-term care services;
 - involvement of long-term care providers in the coordination of such services;
 - increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities (sections 306(a)(7) and 307(a)(18)).
21. The AAA assures that case management services provided through the AAA will:
 - not duplicate and be coordinated with case management services provided through other Federal and State programs;
 - be provided by a public agency or a nonprofit private agency that:
 - gives each older individual seeking services a list of agencies that provide similar services within the jurisdiction of the AAA;
 - gives each individual described in the above clause a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - is located in a rural area and obtains a waiver of the requirements described above (section 306(a)(8)).
22. The AAA assures that, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), it will expend not less than the total amount of funds appropriated under the Act and expended by the AAA in fiscal year 2000 in carrying out such a program (section 306(a)(9)).
23. The AAA assures that it will provide a grievance procedure for older individuals who are dissatisfied with or denied services (section 306(a)(10)).
24. The AAA assures that it will provide information about services to older individuals who are Native Americans, including:

- information concerning whether there is a significant population of older Native Americans in the PSA and, if so, the AAA further assures it will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Act;
 - an assurance that the AAA will, to the maximum extent practicable, coordinate the services the agency provides under the Act with services provided under title VI of the Act; and
 - an assurance that the AAA will make services under the area plan available, to the same extent as such services are available to older individuals within the PSA, to older Native Americans (section 306 (a)(11)).
25. The AAA assures that it will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) of the Act within the PSA (section 306(a)(12)).
26. The AAA assures that it will:
- maintain the integrity and public purpose of services provided, and service providers, under the Act in all contractual and commercial relationships;
 - disclose to the Assistant Secretary and ICOA:
 - the identity of each non-governmental entity with which the AAA has a contract or commercial relationship relating to providing any service to older individuals; and
 - the nature of such contract or such relationship;
 - demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under the Act by the AAA has not resulted and will not result from such contract or such relationship;
 - demonstrate that the quantity or quality of the services to be provided under the Act by such agency will be enhanced as a result of such contract or such relationship; and
 - on the request of the Assistant Secretary or ICOA, for the purpose of monitoring compliance with the Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (section 306(a)(13)).
27. The AAA assures that funds received under Title III of the Act will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement the Act (sections 306(a)(14) and 307(a)(26)).
28. The AAA assures that preference in receiving services under the Act will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement the Act (section 306(a)(15)).
29. The ICOA, in approving the area plan, will waive the requirement described in paragraph 2 above for any category of services described in such paragraph if the AAA demonstrates to the ICOA that services being furnished for such category in the area are sufficient to meet the need for such services in such area and the AAA has conducted a timely public hearing on request (section 306(b)).

30. Subject to regulations prescribed by the Assistant Secretary, an AAA designated under section 305(a)(2)(A) or, in areas of Idaho where no such agency has been designated, the ICOA, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by the Act. In accordance with such an agreement, funds appropriated under the Act may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act (section 306(c)).
31. The AAA will not require any provider of legal assistance under the Act to reveal any information that is protected by the attorney-client privilege (section 306(d)).
32. If the head of the ICOA finds that the AAA has failed to comply with Federal or State laws, including the area plan requirements, regulations, or policies, ICOA may withhold a portion of the AOA funds. The head of the ICOA will not make a final determination withholding funds without first affording the AAA due process in accordance with procedures established by the ICOA. At a minimum, such procedures shall include procedures for:
 - providing notice of an action to withhold funds;
 - providing documentation of the need for such action; and
 - at the request of the AAA, conducting a public hearing concerning the action (sections 306(e)(1) and (e)(2)).
33. If the ICOA withholds the funds, the ICOA may use the funds withheld to directly administer programs under the Act in the PSA served by the AAA for a period not to exceed 180 days, except that if the ICOA determines that the AAA has not taken corrective action, or if the ICOA does not approve the corrective action, during the 180-day period, the ICOA may extend the period for not more than 90 days (section 306(e)(3)).

General Administrative and Fiscal Requirements (42 U.S.C. 3026)
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The AAA assures that it:

1. Utilizes such methods of administration as are necessary for proper and efficient administration of its area plan. The AAA's uniform administration requirements and cost principles are in compliance with the relevant provisions of all of the following which apply:
 - 45 CFR, Part 74: "Administration of Grants;"
 - MB Circular A-102: "Uniform Administration Requirements for Assistance to State and Local Governments," A-110: "Grants and Agreements With Institutions of Higher Education, Hospitals, and other Non-Profit Organizations;"
 - A-122: "Cost Principles for Non-Profit Organizations;"
 - A-87: "Cost Principles for State and Local Governments;" and/or

- A-21: “Cost Principals for Educational Institutions,” except where these provisions are superseded by statute;
2. Provides a program of appropriate training for all classes of staff positions and volunteers;
 3. Maintains sufficient fiscal control and accounting procedures to ensure proper disbursement of, and accounting for, federal, state, and local matching funds under the area plan;
 4. Has implemented such regulations, standards, and procedures as are necessary to meet the requirements for safeguarding confidential information in compliance with relevant provisions of the Act and other federal and state regulations;
 5. Agrees to furnish quarterly program reports and annual agency self-evaluations to ICOA as are required and/or requested;
 6. Will require every provider of services under the area plan to operate fully in conformance with all applicable federal, state, and local fire, health, safety, sanitation, and other standards prescribed in law or regulations. The AAA provides that where state or local public jurisdictions require that a provider be licensed to provide a service, agencies providing such services shall be licensed;
 7. Has developed and follows written hearing procedures whenever
 - an (individual) applicant for services is denied,
 - a client’s services are terminated,
 - a service provider’s application to provide services is denied, or
 - a service provider’s subgrant or contract is terminated or not renewed;
 8. Has an equal employment opportunity policy, implemented through an affirmative action plan, for all aspects of personnel administration as specified in 5 CFR, Part 900, Subpart E;
 9. Will require all providers of services to operate every program activity so that, when viewed in its entirety, the program or activity is readily accessible to, and usable by, handicapped/disabled persons in keeping with 45 CFR, Part 84: “Non-discrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation,” and is in compliance with all applicable Titles under the 1991 Americans with Disabilities Act;
 10. Has developed and is implementing a system to ensure that benefits and services available under the area plan are provided in a non-discriminatory manner as required by 45 CFR, Part 80: “Non-discrimination Under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare (Health and Human Services): Effectuation of Title VI of the Civil Rights Act of 1964”;
 11. Has developed, and will follow procedures for, non-discrimination hearings under Title VI of the Civil Rights Act of 1964 in accordance with 45 CFR, Part 81;
 12. Has developed, and is implementing, a system to ensure that benefits and services available under the area plan are provided in a non-discriminatory manner as required by 45 CFR, Part 90: “Non-discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance”;

13. Has developed and is implementing, a merit system of personnel employment in accordance with 5 CFR, Part 900, Subpart F: "Standards for a Merit System of Personnel Administration."

Provision of Services

1. *Needs Assessment and Allocation of Resources:* The AAA assures that it has a reasonable and objective method for determining the needs of all eligible residents of the PSA, and for allocating resources to meet those assessed needs.

Further, the AAA assures that, if funds are received for Title III, Parts D and/or F, or for Title VII, Parts A and/or B (Ombudsman), those funds will be used in accordance with the purposes of Parts D and/or F, or of Title VII, Parts A and/or B (Ombudsman).

2. *Priorities:* The AAA has a reasonable and objective method for establishing priorities for service, and such methods are in compliance with the applicable provisions of the Act.
3. *Eligibility:* The activities covered by this area plan serve only those individuals and groups eligible under the provisions of the Act, the State Senior Services Act (SSSA), Older American Community Service Employment Act, and all other applicable statutes.
4. *Residency and U.S. Citizenship:* No requirements as to duration of residency in the United States or citizenship will be imposed as a condition for participation in programs and activities provided under the area plan.
5. *Coordination and Maximum Utilization of Services:* To the maximum extent possible, the AAA coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations. The AAA will coordinate Part B access services, Part D in-home services, and legal assistance with community organizations established to benefit victims of Alzheimer's disease and their families. Furthermore, the AAA will coordinate any Part B-supported mental health services with mental health services provided by community health centers and other public and private non-profit agencies and organizations.

PROGRAM SPECIFIC ASSURANCES IN ADDITION TO THOSE DERIVED DIRECTLY FROM SECTION 306 OF THE OLDER AMERICANS ACT

1. The AAA will fulfill all requirements for meeting the non-federal share of resources required to support program activities provided under an approved area plan.
2. Ten percent of the area's allotment will be used for paying no more than 75 percent of the cost of administration of its area plan without prior approval from ICOA (section 304(d)(1)(A)).
3. No portion of the area's allotment may be expended to support costs of coordination or program development activities without prior approval of the ICOA.
4. That portion of the area's allotment not used to pay the cost of administration of the area plan cannot exceed 85 percent of the total cost of supportive and nutrition services authorized under Title III, Parts B and C in the PSA (section 304(d)(1)(D)).

5. The AAA has evaluated the need for services in its PSA and the effectiveness of using existing resources to meet those needs. In determining needs, the AAA has considered the number of older individuals in greatest economic and/or social need, with particular attention to older Native Americans and low-income members of other minority groups resident within the PSA.
6. The AAA assures that the amount it will spend, in each fiscal year, for services to eligible persons residing in rural areas of the PSA, not less than the amount expended for such services for fiscal year 2000 (section 307(a)(3)(B)(i)).
7. The AAA will identify, for each fiscal year to which the area plan applies, the projected costs of providing services, including the cost of providing access to such services (section 307(a)(3)(B)(ii)).
8. The AAA will describe in the area plan the methods used to meet the need for services in the fiscal year preceding the first year to which such plan applies (section 307(a)(3)(B)(iii)).
9. No supportive services, nutrition services, or in-home services (as defined in section 102(19) of the Act) will be directly provided by an AAA except where, in the judgment of ICOA:
 - a) provision of such services by the AAA is necessary to assure an adequate supply of such services,
 - b) the services are directly related to the AAA's administrative functions, or
 - c) such services of comparable quality can be provided more economically by the AAA (section 307(a)(8)(A)).
10. With respect to nutrition services, the AAA assures that all statutory and regulatory provisions under the Act will be met concerning the delivery of nutrition services, selection of nutrition service providers, and special requirements for nutrition service providers.
11. With respect to provision of legal assistance (section 307), the AAA assures compliance with all statutory and regulatory provisions concerning purpose of awards for legal assistance, conditions legal service providers must meet, case priorities, and limitations on disclosure of information about income and resources (section 307(a)(11)).
12. If a substantial number of the older individuals residing in the AAA's PSA are of limited English-speaking ability, then the AAA will:
 - utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
 - designate an individual employed by the AAA, or available to such AAA on a full-time basis, whose responsibilities will include:
 - taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the Act; and
 - providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences (section 307(a)(14)).

13. The AAA assures that it will meet the minimum percentage requirement established by the ICOA for each of the following categories of service: access, in-home, and legal assistance, and that the required minimum percentage of funds will be expended for each of these service categories unless a waiver is granted by the ICOA (sections 306(a)(2) and 307(a)(2)).
14. All contracts awarded under an area plan will be awarded through a competitive bidding process in accordance with policies established by the ICOA.
15. Each AAA assures that all contracts awarded under its area plan will:
 - a) identify the number of low-income, minority, older individuals in the PSA and specify how the provider intends to satisfy the service needs of such individuals; and
 - b) attempt to provide services to low-income minority individuals in at least the same proportion (ratio) found in the population of low-income 60+ minority individuals relative to the total 60+ population of the PSA (section 307 (A)(15)).
16. The AAA will assure that it has in effect a mechanism to provide for quality in the provision of in-home services (section 307(a)(25)).
17. If the AAA receives federal funds from ICOA for services for the prevention of abuse of older individuals, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3 (section 705(a)(6)), the AAA will:
 - a) conduct a program of services consistent with relevant state law and coordinated with existing state adult protective activities for
 - determining unmet needs of abused, exploited, or neglected older individuals;
 - public education to identify and prevent elder abuse;
 - receipt of reports of elder abuse;
 - active participation of older individuals participating in programs under the Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance...; and
 - referral of complaints to law enforcement or public protective service agencies if appropriate;
 - b) not permit involuntary or coerced participation in programs or services by alleged victims, abusers, or their households; and
 - c) all information gathered in the course of receiving reports and making referrals shall remain confidential except:
 - if all parties to such complaint consent in writing to the release of such information;
 - if the release of such information is to a law enforcement agency, public protective services agency, ombudsman program, or protection or advocacy system; or
 - upon court order.

18. The AAA will provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites, and will prioritize delivery of these services to the medically under-served and those having the greatest economic need. Preventive health programs and services should follow definitions set forth in section 102(12) (sections 361 and 362).
19. The AAA will provide support services to family caregivers and to grandparents or older individuals who are relative caregivers. In providing such services, the AAA will prioritize delivery to older individuals with greatest social and economic need (with particular attention to low-income, older individuals) and older individuals providing care and support to persons with mental retardation and related developmental disabilities (sections 372 and 373).
20. The AAA, if it receives funds from the ICOA, will assure outreach, conduct research, and provide assistance to older individuals in applying for food stamps and/or for benefits under SSI and/or Medicaid.
21. The AAA will amend the area plan and will submit all amendments to ICOA for approval if:
 - a new or amended state or federal statute or regulation requires a new provision;
 - a U.S. Supreme Court decision changes the interpretation of a statute or regulation;
 - the AAA proposes to change the designation of the single organizational unit;
 - the AAA proposes to add, substantially modify, or delete any area plan goal(s) and/or objective(s);
 - the AAA proposes budget variances between cost categories of more than ten (10) percent or proposes transfers between Titles III B, C-1 and/or C-2; and
 - ICOA requires further annual amendments.

NOTE: Under the State Senior Services Act, funds cannot be transferred out of In-Home Services. The SSSA requires that prior year funding levels be maintained and all increases in funding be used to fund In-Home Services.

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.09. PSA Addendum K: Civil Rights

METHODS OF CIVIL RIGHTS ADMINISTRATION

Title VI, Civil Rights Act of 1964

Title VII, Equal Employment Opportunity Act of 1972

Sections 503 and 504 of the Rehabilitation Act of 1973

Age Discrimination Act of 1975

Title II, Americans with Disabilities Act of 1990

FOR

AREA AGENCIES ON AGING IN IDAHO

January, 2012

SECTION I:

Statement of Policy

As a recipient of federal and state funds, the Area Agency on Aging (AAA) complies with all anti-discrimination statutes which address provision of programs/ services, contracting for provision of programs/services, and/or hiring of employees.

The AAA does not discriminate against any person or class of persons on the basis of race, color, national origin, sex, creed, age (subject to age eligibility requirements of the Older Americans Act of 1965, as amended, and requirements for participation in Older Worker Programs), marital status, veteran's status, or disability.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin, with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990 which prohibit discrimination against qualified individuals with disabilities, and with regulations of the Department of Health and Human Services issued pursuant to the Acts (Title 45, Code of Federal Regulations [CFR], Parts 80 and 84). In addition to the provision of programs and services, Title VI, Section 504, and the ADA cover employment under certain conditions.

Any questions, concerns, complaints, or requests for additional information regarding the rights of individuals under any of the above-mentioned Acts may be addressed to:

Director, Area ?? Agency on Aging
Agency Name
Street Address
City, State, Zip Code

or

Administrator, Idaho Commission on Aging
341 West Washington 3rd Floor
Boise, ID 83702

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A. Nondiscrimination Policy

In accordance with Titles VI and VII of the Civil Rights Act, Executive Order 11246, as amended by Executive Order 11375, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990, AAA policy states that no qualified individual may, on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability, be subjected to discrimination, or be excluded from participation, in any AAA program or activity receiving federal or state funds.

This policy applies to all aspects of AAA programs/services and other activities and to programs/services and other activities administered by any entity which receives federal or state funds through a contract with an AAA in Idaho.

This policy *does not apply* to agencies, associations, corporations, schools and institutions operated by religious organizations such as churches and denominational societies, or other sectarian entities, with respect to employment of individuals of a particular religious affiliation to provide programs/services with funds *not derived from federal or state sources*.

B. Specific Discriminatory Practices Prohibited, but Not Limited to:

1. The AAA, its contracting agencies and grantees may not, under any program, directly or through contractual or other arrangements, on the grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:
 - a) discharge, bar, or refuse to hire or promote any qualified individual;
 - b) deny any qualified individual any service, financial aid, or other benefit;
 - c) afford a qualified individual an opportunity to participate or benefit from aid or service that is *not equal to that afforded others*;
 - d) provide a qualified individual with aid, benefits, or services that are *not as effective, or otherwise are inferior to, those provided to others*;
 - e) provide different or separate benefits or services to a qualified individual or class of individuals *unless such action is necessary to provide such individuals with benefits or services that are as effective as those provided to others*;
 - f) aid or perpetrate discrimination against an individual or class of individuals by providing assistance to an agency, organization, or person who discriminates against individuals or a class of individuals on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability;
 - g) deny a qualified individual the opportunity to participate as a volunteer, consultant, conferee, or member of a planning or advisory board.
2. Neither the AAA nor its contracting agencies and grantees may, directly or through contractual or other arrangements, use criteria or methods of administration which:
 - a) have the effect of subjecting any individual or class of individuals to discrimination; or
 - b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.
3. In determining a program site or location, contracting agencies and grantees may not select facilities that have the effect of excluding individuals or a class of individuals, thereby denying them the benefits of participation in the program/receipt of services, or subjecting them to discrimination.
4. The AAA and all subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate against any qualified individual.

5. The AAA and all subcontractors shall actively solicit representative participation from local minority communities, as well as voluntary participation by persons with disabilities, on advisory councils and policy making boards which are integral elements of program planning and service provision;
6. The AAA and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being, discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:
 - a) location of offices and facilities;
 - b) manner of assigning applicants or clients to staff;
 - c) dissemination of information;
 - d) eligibility criteria for participation in programs/receipt of services;
 - e) referral of applicants/clients to other agencies and facilities;
 - f) contracts with minority, women's, and disability organizations;
 - g) use of volunteers and/or consultants;
 - h) provision of services;
 - i) program accessibility;
 - j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;
 - k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:
 - potential participation in programs,
 - actual (historic) participation in programs,
 - employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
 - membership on advisory councils,
 - number and nature of complaints alleging discrimination which have been filed,
 - number of bilingual staff and staff qualified as sign language interpreters; and
 - l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.
7. The AAA and all subcontractors shall assure that no qualified individual with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination due to facilities being inaccessible to, or otherwise unusable by persons with disabilities.
8. The AAA shall take corrective action to overcome the effects of discrimination in instances where the AAA or its subcontractors have discriminated against any persons on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

9. Any contractor or subcontractor who refuses to furnish assurances of nondiscrimination, or who fails to comply with federal and/or state laws as outlined in this policy, must be refused federal or state financial assistance. Such action will be taken only after there has been an opportunity for review before the appropriate officials, and after a reasonable amount of time has

been allowed for compliance with the policy. All incidents of noncompliance will be referred to the appropriate federal or state agencies in a timely manner.

SECTION II:

Affirmative Action and Nondiscrimination Language in Contracts

A. Affirmative Action Language in Contracts

1. As a part of the contract document, each AAA shall comply with a Statement of Assurance that the legal contractor entity will maintain an affirmative action plan for the duration of the contract period. This assurance shall address sufficient information to meet, at a minimum, requirements of Title VI of the Civil Rights Act of 1964, Title VII of the Equal Employment Opportunity Act of 1972, Title II of the Americans with Disabilities Act of 1990, and the Older Americans Act of 1965, as amended.
2. All subcontractors shall submit, as part of each contract, an "Affirmative Action Statement of Compliance," dated and bearing the original signature(s) of the person(s) authorized to commit such assurances on behalf of the contracting organizations.

B. Contract Reference to "Nondiscrimination in Client Services"

1. The state unit, e.g., the Idaho Commission on Aging (ICOA) requires a policy of nondiscrimination in services as an integral part of each contract between the AAAs and contracting organizations.
2. Each contract with an AAA shall contain an inclusion, by reference or attachment, of the following clause pertaining to nondiscrimination in client services:

Nondiscrimination in Client Services: The contractor and any sub-contracting party will not, on grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:

- a) deny a qualified individual any services or benefits provided under this agreement or any contracts awarded pursuant to this agreement;*
- b) provide any services or other benefits to a qualified individual which are different, or are provided in a manner differing from that provided to*
- c) others under this agreement, or any contract awards pursuant to this agreement;*
- d) subject an individual to segregation or separate treatment in any manner in receipt of any service(s) or other benefit(s) provided to others under this agreement;*

- e) *deny any qualified individual the opportunity to participate in any program(s) provided by this agreement, or any contracts awarded pursuant to this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others.*
- f) *Contractors will not use criteria or methods of administration which have the effect of defeating or substantially impairing accomplishment of the objectives of this agreement with respect to individuals of a particular race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.*

C. AAA Assurances of Compliance

1. Each AAA shall submit the following to the ICOA:
 - a) an appropriate Assurance of Compliance with Title VI of the Civil Rights Act of 1964, dated and bearing the original signature of the person authorized to commit the legal contractor entity of the AAA; and
 - b) an appropriate Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 and with Title II of the Americans with Disabilities Act of 1990, dated and bearing the original signature of the person authorized to commit the legal contractor entity of the AAA. Each assurance must indicate whether the recipient of the funds employs fewer than 15 persons, or 15 or more persons. If the recipient employs 15 or more persons, one or more persons must be designated and named on the Assurance of Compliance as the coordinator of the effort to comply with the Health and Human Services (HHS) regulation.

The 15 or more employees criterion applies to the larger agency rather than to employees located at a specific program location.
2. Each AAA shall have on file appropriate Assurances of Compliance with Title VI documents and with Section 504/Title II of ADA from each subcontractor.

D. Nondiscrimination in Employment

1. The ICOA requires that a nondiscrimination in employment policy, in addition to the affirmative action requirement, be an integral part of every agreement with each AAA and its subcontractors.
2. Each AAA shall have on file appropriate Assurance of Compliance with Title VI documents and the Americans with Disabilities Act from *each* of its subcontractors.

**AAA Assurance of Compliance
with
Title VI of the Civil Rights Act of 1964,
Section 504 of the Rehabilitation Act of 1973,
Title IX of the Education Amendments of 1972,
and the
Age Discrimination Act of 1975.**

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

The Applicant hereby agrees to comply with:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80), to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of the Act and the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Title IX of the Educational Amendment of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

AAA Director

Signature and Title of Authorized Official

Date

Name of Applicant or Recipient

Street Address

City, State, Zip Code

CASE MANAGEMENT ATTACHMENTS

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.02. Uniform Assessment Instrument (UAI)

Date

UALL

1. Section One

1 General Information

Enter the date this assessment was submitted to the agency.

/ /

What is the client's first name?

What is the client's middle initial?

What is the client's last name?

Enter the client's residential street address or Post Office box.

Enter the second line of the client's street address.

Enter the client's residential city or town.

Enter the client's residential zip code.

Enter the client's mailing street address or Post Office box.

Enter the client's mailing city or town.

Enter the client's mailing state.

Enter the client's mailing ZIP code.

Enter the county of the client's mailing address.

Enter the client's telephone number

What is the client's date of birth?

What is the client's gender?

- ☐ Female
- ☐ Male

Does the Client live alone?

- ☐ No
- ☐ Yes

Is the client's income level below the national poverty level?

- ☐ No
- ☐ Yes

Does the client reside in a rural area?

- ☐ No
- ☐ Yes

Select the client's current marital status.

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Other

What is the client's primary race/ethnicity?

- ☐ American Indian/Native Alaskan
- ☐ Asian/Pacific Islander (incl. Hawaiian)
- ☐ African American
- ☐ Hispanic Origin
- ☐ Asian (not Pacific Islander/Hawaiian)
- ☐ Non-Minority (White, non-Hispanic)
- ☐ Other

Enter the referral source, name of contact and phone.

Specify the client's primary language.

- ☐ English
☐ Spanish
☐ Other

Emergency Contact 1

What is the relationship between the client and the person who is listed as Emergency Contact # 1?

What is the telephone number of the person who is listed as Emergency Contact # 1?

What Is the Name of Emergency Contact 2?

What is the second emergency contact's telephone number?

Does the client have a substitute decision maker?

- ☐ No
☐ Yes

What is the name and phone number of the client's decision maker?

Reason for substitute decision maker.

- ☐ Durable power attorney/financial
☐ Durable power of attorney/healthcare
☐ Family member responsible
☐ Guardian/conservator
☐ Informal decision maker
☐ Limited power of attorney
☐ Living will
☐ None of the above

- ☐ Other legal oversight
☐ Representative or protective payee

The last hospitalization date for the client

____ / ____ / ____

If the client was hospitalized in the past year, where?

Client's current health problems.

Diagnosis

Is the client preparing for discharge from a hospital, nursing facility or institution?

- ☐ No
☐ Yes

If the client was hospitalized in the past year, what was the ending date of his/her stay?

____ / ____ / ____

Client's problems with vision, hearing and speech.

2. Section Two

2 Assessment

What assessment types have been completed with the client?

- ☐ Initial
☐ Update
☐ Annual

Where did the assessment take place?

- ☐ Client's residence
☐ Other's Residence
☐ Hospital
☐ Nursing facility
☐ Assisted Living
☐ Other

Indicate the primary source(s) of information for this assessment.

- ☐ Client
☐ Family member
☐ Guardian/Conservator
☐ Other

Enter the name and phone number for the primary source of information.

How many people are there in the client's household?

- ☐ One person
☐ Two people
☐ Three people
☐ Four or more people

Select the client's current living arrangement.

- ☐ Apartment
☐ House
☐ Trailer

The client's living arrangement, if other, described.

2 Nutritional Risk Information

Does the client eat fewer than 2 meals per day?

- ☐ No
☐ Yes

Does the client eat few (less than 2) vegetables or fruits, or milk products per day?

- ☐ No
☐ Yes

Does the client have 3 or more drinks of beer, liquor or wine almost every day?

- ☐ No
☐ Yes

Does the client have tooth or mouth problems that make it hard to eat?

- ☐ No
☐ Yes

Does the client sometimes not have enough money to buy food?

- ☐ No
☐ Yes

Does the client eat alone most of the time?

- ☐ No
☐ Yes

Does the client take 3 or more different prescribed or over-the-counter drugs per day?

- ☐ No
☐ Yes

Without wanting to, has the client lost or gained 10 pounds in the past 6 months?

- ☐ No
☐ Yes

Has illness or condition made the client change the kind and/or amount of food eaten?

- ☐ No
☐ Yes

Is the client not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?

- ☐ No
☐ Yes

What is the client's idea of his/her appetite?

- ☐ Don't know
☐ Fair
☐ Good
☐ Poor

Do allergies keep the client from eating well?

- ☐ Don't know
☐ No
☐ Yes

Is the Client on a Special Diet Or Restricted Foods?

- ☐ No
☐ Yes

If Yes, Explain Nature of Diet Or Restricted Foods

2 Functional Abilities

Identify the client's ability to prepare meals.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal
☐ Formal supports.
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to eat by self.

- ☐ No assistance needed.
☐ Some assistance needed.
☐ Total assistance needed.

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral

- ☐ Assistive devices
☐ Other

Identify the client's ability to get to and from the toilet.

- ☐ No assistance needed.
☐ Some assistance needed.
☐ Total assistance needed.

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports.
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to walk by self.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to transfer from bed or wheelchair by self.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
- ☐ Formal supports
- ☐ Medicaid referral
- ☐ Assistive devices
- ☐ Other

Identify the client's ability to do personal care services by self.

- ☐ No assistance needed
- ☐ Some assistance needed
- ☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
- ☐ Currently has some assistance
- ☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
- ☐ Formal supports
- ☐ Medicaid referral
- ☐ Assistive devices
- ☐ Other

Identify the client's ability to dress and undress/pick appropriate clothing for seasons by self.

- ☐ No assistance needed
- ☐ Some assistance needed
- ☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
- ☐ Currently has some assistance
- ☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
- ☐ Formal supports
- ☐ Medicaid referral
- ☐ Assistive devices
- ☐ Other

Identify the client's ability to bathe/wash hair by self.

- ☐ No assistance needed
- ☐ Some assistance needed
- ☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance

- ☐ Currently has some assistance
- ☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
- ☐ Formal supports
- ☐ Medicaid referral
- ☐ Assistive devices
- ☐ Other

Identify the client's ability to transport/get transportation by self.

- ☐ No assistance needed
- ☐ Some assistance needed
- ☐ Total assistance needed

What supports meet Transportation Needs?

- ☐ Currently has enough assistance
- ☐ Currently has some assistance
- ☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
- ☐ Formal supports
- ☐ Medicaid referral
- ☐ Assistive devices
- ☐ Other

Identify the client's ability to pay bills by self.

- ☐ No assistance needed
- ☐ Some assistance needed
- ☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
- ☐ Currently has some assistance
- ☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
- ☐ Formal supports
- ☐ Medicaid referral
- ☐ Assistive devices
- ☐ Other

Identify the client's ability to shop for food or personal items by self.

- ☐ No assistance needed
- ☐ Some assistance needed
- ☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the clients ability to do laundry by self.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to clean house by self.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to seek emergency help by self.

- ☐ No assistance needed
☐ Some assistance needed

☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's night needs

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to administer own medications by self.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed

Currently have the needed assistance for medication management?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other

Identify the client's ability to perform outside chores and maintenance by self.

☐ Other

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed
-

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance
-

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other
-

Identify the client's need for supervision.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed
-

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance
-

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices
☐ Other
-

Identify the client's ability to use the telephone.

- ☐ No assistance needed
☐ Some assistance needed
☐ Total assistance needed
-

Currently have the needed assistance?

- ☐ Currently has enough assistance
☐ Currently has some assistance
☐ Currently has no assistance
-

If client needs assistance, what supports can be initiated by Case Management?

- ☐ Informal supports
☐ Formal supports
☐ Medicaid referral
☐ Assistive devices

3. Section Three

3 Caregiver Information

Does the client have an identified primary (informal) helper/caregiver who provides care on a regular basis?

- ☐ No
☐ Yes

If the client has a primary caregiver, was the caregiver present at assessment?

- ☐ No
☐ Yes

What is the name of the client's primary caregiver?

What is the address of the client's primary caregiver?

What is the caregiver's telephone number?

Does the caregiver reside in a rural area?

- ☐ No
☐ Yes

Additional telephone information for caregiver.

Name of Secondary Caregiver

What Is Address of Secondary Caregiver?

What Is Telephone Number of Secondary Caregiver?

Is the caregiver providing care without pay?

- ☐ No
☐ Yes

What are the current payment sources for home care?

- ☐ Private pay VA
☐ Funded Medicaid
☐ funded Other
☐

What is the relationship of the primary caregiver to the client?

- ☐ Husband
☐ Wife
☐ Son/Son In Law
☐ Daughter/Daughter In Law
☐ Other Relative
☐ Non-Relative
☐ Relationship Missing

Caregiver's birth date?

____/____/____

What is the caregiver's race/ethnicity?

- ☐ African American
☐ American Indian/Native Alaskan Asian
☐ (not Pacific Islander/Hawaiian)
☐ Asian/Pacific Islander (incl. Hawaiian)
☐ Hispanic Origin
☐ Non-Minority (White, non-Hispanic)
☐ Other
☐ Unavailable

What is the gender of the Caregiver?

- ☐ Female
☐ Male

How long has caregiver provided most of the care?

- ☐ Less than 6 months
☐ 6 to 12 months
☐ 13 to 24 months
☐ 25 months to 5 years
☐ More than 5 years

What type of special training does the client's caregiver have?

- ☐ CNA
☐ CPR
☐ First aid
☐ N/A
☐ Other

4. Section Four
4 Case Management

4 Case Management

Is there evidence (observed or reported) of suspected abuse, neglect or exploitation by another person on the client or self-neglect by the client?

☐ No
☐ Yes

What is the name of the client's primary care physician?

What is the work phone number for the client's primary care physician?

Enter any comments regarding the client's medical conditions/diagnoses.

List frequency and dosage of medications

a. Name and Dose: Record the name of the medication and dose ordered.

b. Form: Code the route of administration using the following list:

- | | |
|------------------------|------------------|
| 1 = by mouth (PO) | 7 = topical |
| 2 = sub lingual (SL) | 8 = inhalation |
| 3 = intramuscular (IM) | 9 = enteral tube |
| 4 = intravenous (IV) | 10 = other |
| 5 = subcutaneous (SQ) | 11 = eye drop |
| 6 = rectal (R) | 12 = transdermal |

d. Frequency: Code the number of times per period the med is administered using the following list:

- | | |
|------------------------------|------------------------------|
| PR = (PRN) as necessary | OO = every other day |
| 1H = (QH) every hour | 1W = (Q week) once each week |
| 2H = (Q2H) every 2 hours | 2W = 2 times every week |
| 3H = (Q3H) every 3 hours | 3W = 3 times every week |
| 4H = (Q4H) every 4 hours | 4W = 4 times each week |
| 6H = (Q6H) every 6 hours | 5W = 5 times each week |
| 8H = (Q8H) every eight hours | 6W = 6 times each week |
| 1D = (QD or HS) once daily | 1M = (Q month) once/mo. |
| 2D = (BID) two times daily | 2M = twice every month |
| (includes every 12 hours) | C = Continuous |
| 3D = (TID) 3 times daily | O = Other |
| 4D = (QID) four times daily | |
| 5D = 5 times daily | |

a. Name and Dose	b. Form	c. No. Taken	d. Freq	e. Comments
------------------	---------	--------------	---------	-------------

[illegible]

Case Management Follow-up Areas

5. Section Five

5 Home Safety

Are smoke alarms present and in working order in the client's home?

- ☐ No
☐ Yes

Does the client use a wheelchair to get around?

- ☐ Don't know
☐ No
☐ Yes

Does the client's bathtub/shower have grab bars?

- ☐ No
☐ Yes

What assistive devices/medical equipment does the client use for bathing?

- ☐ Bath bench
☐ Grab bar/tub rail
☐ Handheld shower
☐ Hydraulic lift
☐ Other

What assistive devices does the client use for toileting?

- ☐ Bed pan/urinal
☐ Commode
☐ Grab bars
☐ Other
☐ Pads for incontinence
☐ Raised toilet seat

Does the client have a Lifeline/PERS?

- ☐ No
☐ Yes

5 Environmental Conditions

**Comment on the client's home environment in general.
Include both internal and external findings.**

Commission on Aging for the purposes of assisting me to receive services and benefits to which I may be entitled.

Title :

Date

Title :

Date

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.04. Standard Income Declaration

STANDARD INCOME DECLARATION

Client Name(s): _____

To be used in Homemaker and Chore Service

TYPE OF INCOME (MONTHLY):	CLIENT	SPOUSE	OTHERS	TOTAL
1. Retirement (Gross before taxes)	\$	\$	\$	\$ -
2. Social Security	\$	\$	\$	\$ -
3. SSI	\$	\$	\$	\$ -
4. Annuities (exclude Reverse Mortgage Annuity payments)	\$	\$	\$	\$ -
5. Interest (estimated)	\$	\$	\$	\$ -
6. Rental Income (see <i>note</i> below)	\$	\$	\$	\$ -
7. Other monthly income (exclude Reverse Mortgage payments)	\$	\$	\$	\$ -
8. Total monthly income (line 1+7)	\$ -	\$ -	\$ -	\$ -
STOP!! Go to line 17 if client's income is below poverty level.				
LESS:				
9. Unreimbursed prescriptions	\$	\$	\$	\$ -
10. Unreimbursed hospital expenditures	\$	\$	\$	\$ -
11. Unreimbursed physician expenditures	\$	\$	\$	\$ -
12. Medical insurance premium	\$	\$	\$	\$ -
13. Other unreimbursed medical expenses	\$	\$	\$	\$ -
14. Total unreimbursed medical expenditures	\$ -	\$ -	\$ -	\$ -
15. Adjusted monthly income	\$	\$	\$	\$
16. Annual income	\$	\$	\$	\$

Note : Rental income is the total amount of rents received, less documented expenses, i.e. insurance, taxes, water, sewer, trash, and maintenance.

The cost of one hour of _____ service is \$ _____. Client(s) will be required to pay _____ % of the cost of each service unit (hour). This equals \$ _____ per hour.

17. I certify that the above stated income and expenditures are accurate and include all of my/our income. I/we understand that this information will be used to determine the fee, if any, to be paid for services provided me through funding by the State of Idaho. My/our signature indicates acceptance of

Client(s) signature(s): _____

Date: _____

I have reviewed supporting information provided by the client to the extent possible and believe the income and expenditures reported to be accurate.

Reviewer signature: _____

Date: _____

ATTACHMENTS
GUIDANCE (GU)
ADMINISTRATION (AD)
GU.AD.01. Sliding Fee Scale

SLIDING FEE SCALE

State Law, Title 67, Chapter 50, Idaho Code, requires that fees to consumers for services provided under the Senior Services Act will be calculated by use of a sliding fee schedule, based upon household income. The Reauthorized OAA permits cost sharing for all services funded by this Act, with certain restrictions [OAA, Title III, Section 315 (a)]. The fee will be redetermined annually. Income, for this purpose, means gross income from the previous year, including, but not limited to, Social Security, SSI, Old Age Assistance, interest, dividends, wages, salaries, pensions, and property income, less non-covered medical and prescription drug costs. This form should be used after completion of the Standard Income Declaration Form.

Circle the client's income range, then circle the Percentage of the hourly fee the client will be required to pay.

Client's Name:

Date:

MONTHLY INCOME			ANNUAL INCOME			FEE	HMK FEE	CHORE FEE	ADULT DAY CARE FEE
<u>Living Alone</u>						_____ %	_____ %	_____ %	_____ %
		\$931.00			\$11,170.00	0%			
\$932.00	-	\$1,117.00	\$11,171.00	-	\$13,404.00	30%			
\$1,118.00	-	\$1,303.00	\$13,405.00	-	\$15,638.00	50%			
\$1,304.00	-	\$1,489.00	\$15,639.00	-	\$17,872.00	70%			
\$1,490.00	-	& Over	\$17,873.00	-	& Over	100%			
<u>TWO Persons in Household</u>						_____ %	_____ %	_____ %	_____ %
	-	\$1,261.00		-	\$15,130.00	0%			
\$1,262.00	-	\$1,513.00	\$15,131.00	-	\$18,156.00	30%			
\$1,514.00	-	\$1,765.00	\$18,157.00	-	\$21,182.00	50%			
\$1,766.00	-	\$2,017.00	\$21,183.00	-	\$24,208.00	70%			
\$2,018.00	-	& Over	\$24,209.00	-	& Over	100%			
<u>THREE Persons in Household</u>						_____ %	_____ %	_____ %	_____ %
	-	\$1,591.00		-	\$19,090.00	0%			
\$1,592.00	-	\$1,909.00	\$19,091.00	-	\$22,908.00	30%			
\$1,910.00	-	\$2,227.00	\$22,909.00	-	\$26,726.00	50%			
\$2,228.00	-	\$2,545.00	\$26,727.00	-	\$30,544.00	70%			
\$2,546.00	-	& Over	\$30,545.00	-	& Over	100%			
<u>FOUR Persons in Household</u>						_____ %	_____ %	_____ %	_____ %
	-	\$1,921.00		-	\$23,050.00	0%			
\$1,922.00	-	\$2,305.00	\$23,051.00	-	\$27,660.00	30%			
\$2,306.00	-	\$2,689.00	\$27,661.00	-	\$32,270.00	50%			
\$2,690.00	-	\$3,073.00	\$32,271.00	-	\$36,880.00	70%			
\$3,074.00	-	& Over	\$36,881.00	-	& Over	100%			

The full cost for one hour of Homemaker Service is:

\$

The full cost for one hour of Chore Service is:

\$

The full cost for one hour of Adult Day Care is:

\$

ATTACHMENTS
GUIDANCE (GU)
ADMINISTRATION (AD)
GU.AD.02.Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890
For each additional person, add:	\$3,960

INFORMATION & ASSISTANCE ATTACHMENTS

ATTACHMENTS

FORMS (FO)

ADMINISTRATION (AD)

FO.AD.01. In-take Registration

INTAKE/REGISTRATION FORM

PROVIDER_____

SITE_____ SERVICE_____

CLIENT NAME (LAST, FIRST, M)_____

DATE OF BIRTH_____ GENDER_____

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

COUNTY_____ RURAL: YES____NO____ LIVE ALONE: YES____NO____

HOME PHONE_____ ANNUAL INCOME (Above/Below Poverty)_____

EMERGENCY CONTACT			MARITAL STATUS		RACE/ETHNIC ORIGIN	
PHONE_____			<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED		<input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC (Any Race) <input type="checkbox"/> OTHER	
NAME_____						
RELATIONSHIP_____						
ADLS	(1) HELP IS NOT NEEDED	(2) HELP IS NEEDED	IADLS		(1) HELP IS NOT NEEDED	(2) HELP IS NEEDED
BATHE			PREPARE MEALS			
DRESS			MANAGE MONEY			
TOILET			TRANSPORTATION			
TRANSFER			SHOP			
EAT			USE TELEPHONE			
WALK			MANAGE MEDICATION			
			DO HEAVY HOUSEWORK			
			DO LIGHT HOUSEWORK			

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Check the true column for those that apply. For each true answer, add the number in the small box

	True	False
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	
I eat fewer than 2 meals per day.	3	
I eat few fruits or vegetables or milk products. (less than 2)	2	
I have 3 or more drinks of beer, liquor, or wine almost every day.	2	
I have tooth or mouth problems that make it hard for me to eat.	2	
I don't always have enough money to buy the food I need.	2	
I eat alone most of the time.	1	
I take 3 or more different prescribed or over-the-counter drugs per day.	1	
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	
I am not always physically able to shop, cook, and/or feed myself.	2	

Total

0-2 Good!

Recheck your nutritional score in 6 months.

3-5 You are at moderate nutritional risk.

See what can be done to improve your eating habits and lifestyle. Your Office on Aging, Senior Nutrition Program, Senior Center or Health Department can help. Recheck your nutritional score in 3 months.

6 or more – You are at high nutritional risk.

Ask for help to improve your nutritional health.

Referred to:

CONSENT RELEASE: I DO authorize ☐ , I do NOT authorize ☐ , the release of information to providers within the aging network for the purpose of assisting me to receive services and benefits to which I may be entitled. I understand that this will allow providers within the aging network to release this information to other providers within the aging network so they can assist me, thus preventing duplicate information gathering.

CLIENT SIGNATURE _____ DATE _____

INTERVIEWER _____ DATE _____

NUTRITION ATTACHMENTS

ATTACHMENTS

FORMS (FO)

NUTRITION (NU)

FO.NU.01. NSIP Cash Distribution

A	B	C	D	E	F	G	H	I	J
1	State Summary								
2	Total Funding								
3									
4		1. Starting Point Total Meals from Previous Year	2. Determine how much will be used for commodity meals (Note, Cannot Exceed 20%)	Remaining Meal Units	Percentage of Commodity	Senior Center Distribution Percentage	Applied to the Annual Appropriations	Total applied to Commodity meals	Total applied to Meal units
5	AAA 1			0					\$ -
6	AAA 2			0					\$ -
7	AAA 3			0					\$ -
8	AAA 4			0					\$ -
9	AAA 5			0					\$ -
10	AAA 6			0					\$ -
11	Total	0	0	0	0.00%	0.00%	\$ -	\$ -	\$ -

ATTACHMENTS

FORMS (FO)

NUTRITION (NU)

FO.NU.02. Congregate Meal Registration

Area _____ Provider _____
Fax # (208) _____ New _____
IDAHO CONGREGATE MEALS REGISTRATION FORM Revised _____

Last Name _____ First Name _____ MI _____

Nickname _____ Phone _____

The following information is vital for Nutrition Programs to receive funding:

Date of Birth _____ Gender ☐ Male ☐ Female

Residential Address _____ Race/Ethnic Origin
City _____ State _____ Zip _____
Emergency Contact _____
Telephone _____ Relationship _____
Do you live in a rural area? ☐ YES ☐ NO

☐ American Indian/Native Alaskan
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White-Hispanic
☐ White, non-Hispanic
☐ Other

*Is your annual income below poverty? ☐ YES ☐ NO Do you live alone? ☐ YES ☐ NO

*2012 Poverty = 931/ mo (Single) 1281 / mo (Couple)

If you are under 60 years of age, please check appropriate box:

- ☐ Spouse of 60 + participant ☐ Disabled, lives with 60+ participant
☐ Nutrition Volunteer

Nutritional Health

I have an illness or condition that made me change the kind and/or amount of food I eat. Yes (2) No
I eat less than two (2) complete meals per day. Yes (3) No
I eat few fruits, vegetables, or milk products every day. Yes (2) No
I have three (3) or more drinks of beer, liquor, or wine almost every day. Yes (2) No
I have tooth or mouth problems that make it difficult for me to eat. Yes (2) No
I don't always have enough money to buy the food I need. Yes (4) No
I eat alone most of the time. Yes (1) No
I take three (3) or more different prescribed or over-the-counter medications a day. Yes (1) No
I have lost or gained ten (10) pounds without wanting to in the last 6 months. Yes (2) No
I am not always physically able to shop, cook and / or feed myself. Yes (2) No

Total Nutritional Score (add numbers) _____ If your score is...

0-2 Good! Recheck your nutritional score in 6 months.

3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your Area Agency on Aging, Senior Nutrition Program, Senior Center or Health Department can help. Recheck your nutritional score in 3 months.

6+ You are at high nutritional risk. Ask for help to improve your nutritional health.

I understand that this information will be released to the Area Agency on Aging and/or the Idaho Commission on Aging for the purposes of assisting me to receive services and benefits to which I may be entitled.

Client Signature _____ Date _____

ATTACHMENTS

Guidance (GU)

Nutrition (NU)

GU.NU.01. Voluntary Contributions/Donations

1. Voluntary Contributions/Donations.

- A. Nutrition Providers shall provide program participants with the opportunity to make voluntary donations or contributions to the Nutrition Services Program. The Nutrition Provider shall provide the AAA with an established procedure related to the solicitation of donations in order to assure it is understood to be purely voluntary and donations can be made in a confidential manner.
- B. The Area Agency on Aging shall ensure that each Nutrition Provider adheres to the following minimum requirements:
 - b. Each eligible participant shall be afforded the opportunity to make a voluntary donation to the nutrition program.
 - c. The suggested voluntary contribution/donation shall be posted in a prominent conspicuous location.
 - d. Each Nutrition Provider shall establish, train staff and volunteers, and implement procedures and practices that will protect the privacy and confidentiality of an eligible participant's decision related to making a donation.
 - 1. With regard to congregate meals, there shall be locked contribution containers, placed away from any direct pathway to participation and shall not be monitored in any manner that demonstrates an expectation of contribution.
 - 2. With regard to Home Delivered Meal (HDM) participants, a receipt shall be provided to any participant who wishes to make a voluntary cash contribution. A duplicate receipt record shall be maintained by the program for three (3) years. Similar care must be taken to assure participants understanding that all donations are purely voluntary.
 - e. Under no circumstances may a Nutrition Provider deny services to an eligible participant because of the participant's inability or choice not to make a contribution or donation to the program.
 - f. Written procedures must be established and implemented to safeguard and account for any fees and voluntary contributions/donations, and shall include the following:
 - a. Two persons shall count participant contributions each day meals are served, and both individuals shall sign a form attesting to the correct amount. A copy of such signed document shall be kept on file;
 - b. Sealing, written acknowledgement of, and transporting of daily receipts either to deposit in a financial institution or to a secure storage facility until such deposit can be arranged; and
 - c. Reconciliation of deposit receipts and daily collection records by someone other than the bookkeeper or person responsible for making the deposits.

ATTACHMENTS

Guidance (GU)

Nutrition (NU)

GU.NU.02. Eligible and Ineligible Participants

1. Examples of Eligible and Ineligible Participants

- A. Eligible participants include persons 60 years of age or older, and the spouse of an eligible participant regardless of age. Optionally, eligible participants may include persons younger than 60 with a disability that reside in the household of an eligible person and volunteers who assist in the service and delivery of meals provided to participants.

1. Example:

A 67 year old woman that recently underwent hip surgery suddenly finds herself temporarily unable to prepare her meals. She lives with her 45 year old son who has a developmental disability and who she cares for and is dependent on her to prepare meals. In this circumstance the son is also eligible to receive home delivered meals because he is a disabled person residing in the home of an eligible participant.

2. OAA funded meals may not be provided to non-eligible participants unless the cost is recouped through the application of a fee for each such meal. A Nutrition Provider may calculate the cost of meals provided to any non-eligible participant and charge a fee for the meal provided. Such an established fee must be calculated to include cost of raw food, supplies, labor, transportation, and program administration. Each Nutrition Provider must employ a uniform method for documenting receipt of required meal fees.

a. Example:

The grand-daughter of an 81 year old man accompanies her father to the senior center for lunch. The Senior Center has a locked box where donations are collected separately from the sign-in table. Upon entering, the daughter and father notice a posting which states:

Sample Posted Sign

Welcome to Springfield Senior Center. The cost to provide meals is \$5.65. We welcome donations from participants 60 years or older. Your choice not to donate will not disqualify you from receiving a meal.

The father may proceed to an established private location away from the sign in table to contribute for the meals. The grand-daughter, who does not meet the criteria as an eligible participant (volunteer, spouse, disabled person residing in the home of an eligible participant) pays for her meal at the sign-in table.

ATTACHMENTS

Guidance (GU)

Nutrition (NU)

GU.NU.03. Commodity/Donated Food Programs

1. Commodity/Donated Food Programs.

A. Note: The following procedures include the collection of donations/contributions with special consideration of meal sites that accept donated food from other food programs. In the following examples, “donated food program” refers to commodity/donated food programs that mandate no solicitation of donations and the charging of the meal is prohibited.

1. If a Nutrition Provider accepts food donations from a donated food program, additional care must be taken to ensure that whatever practice is employed to offer participants the opportunity to contribute, there is no reference to a suggested monetary donation that relates to the cost of the meal. Any posting at the meal site or written donation solicitation must clearly indicate that any donations made are to programs and services offered in general at the site or they must list an array of services offered, which may include a reference to the provision of meals or senior nutrition in addition to other services. Any practice that gives a participant the impression that a donation is either expected or specifically related to the cost of a meal provided will seriously jeopardize a Nutrition Program’s ability to receive commodities from a donated food program.
2. If a Nutrition Provider accepts donated foods from a donated food program, they may not charge a fee to any participant, regardless of OAA eligibility criteria. The nutrition provider may calculate the dollar value of the donated food based on a rate provided by the donated food program and apply that value to the cost of the meal provided to the Non-eligible participant. In that instance, the value of the donated foods may replace the use of OAA funding for a non-eligible meal, and the Nutrition Provider is then not required to charge the non-eligible. Non-eligible participants, however, may be offered the same opportunity as eligible participants, to make a voluntary contribution/donation to the overall programs and services provided as referenced in the paragraph above.
3. Example:

Purple Sage Senior Center (PSSC) currently receives commodities from a donated food program. PSSC is not allowed to charge ineligible meal participants according to the OAA, because it will jeopardize their participation with the donated food provider. However, PSSC does welcome donations from all senior center visitors. PSSC has a sign posted at their sign-in table that states:

Sample Posted Sign

At Southside, we are pleased to be able to provide the following programs and services: Senior Nutrition Assessments, Nutritious meals served here Mon-Wed –Friday, Better Balance Classes, Senior Health Screenings, Monthly Foot Clinics, Seasonal Flu Shot Clinics, and Healthy Aging Programs.

Our funding for these programs is quite limited and we welcome your donations. All donations we receive go toward sustaining and expanding our ability to serve the needs of seniors in our community.

PSSC determines that they receive 300 lbs. of donated food from the donated food provider in 2011 which equates to \$480.00 (\$1.60 per pound) a year. The rate per pound may vary from year to year. This amount covers the required reimbursement for all non-eligible participants that ate a meal at the site.

ATTACHMENTS

POLICIES (PO)

Nutrition (NU)

PO.NU.01. NSIP Reporting

Policy Subject	Policy #
Area Agency Operations <u>NSIP Meal Counts in SAMS</u>	PO.NU.01 Reports on NSIP (4/30/2012)

Purpose:

The purpose is to ensure that the Area Agencies on Aging will complete all meal counts in SAMS data base at the cutoff date

Scope:

This policy sets a process to ensure that NSIP data on state and federal reports will be consistent, accurate, and changes can be tracked. In addition NSIP awards will also reflect the services being provided.

Definitions:

- NSIP: Nutrition Services Incentive Program
- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;

Procedures:

The Idaho Commission on Aging pulls NSIP meal counts in November of each year for specific reporting periods. Those numbers are used for various state and federal reports. By November 1st, all NSIP data entry will be entered into SAMS through September 30th, which is the end of the federal fiscal year and the cutoff point for reporting NSIP meals.

Exceptions:

If NSIP data changes are necessary after the cutoff date of November 1st, the AAA must provide written documentation to ICOA within ten days of making a change. This must include the following information:

- Name of AAA
- Name of the person who made the data change in SAMS
- The date, change was made
- Description of data changed
- Reason for the change

Reference: 67-5007 Grants to and Contracts with Local Area Agencies

OMBUDSMAN ATTACHMENTS

ATTACHMENTS

GUIDANCE (GU)

OMBUDSMAN (OM)

GU.OM.01. Ombudsman Code of Ethics

Code of Ethics for Long Term Care Ombudsmen

The National Association of State Long Term Care Ombudsman Programs

1. The ombudsman provides services with respect for human dignity and the individuality of the client², unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.
2. The ombudsman respects and promotes the client's right to self-determination
3. The ombudsman makes every reasonable effort to ascertain and act in accordance with the client's wishes.
4. The ombudsman acts to protect vulnerable individuals from abuse and neglect.
5. The ombudsman safeguards the client's right to privacy by protecting confidential information.
6. The ombudsman remains knowledgeable in areas relevant to the long term care system, especially regulatory and legislative information, and long term care service options.
7. The ombudsman acts in accordance with the standards and practices of the Long Term Care Ombudsman Program, and with respect for the policies of the sponsoring organization.
8. The ombudsman will provide professional advocacy services unrestricted by his/her personal belief or opinion.
9. The ombudsman participates in efforts to promote a quality, long term care system.
10. The ombudsman participates in efforts to maintain and promote the integrity of the Long Term Care Ombudsman Program.
11. The ombudsman supports a strict conflict of interest standard that prohibits any financial interest in the delivery or provision of nursing home, board and care services, or other long term care services that are within their scope of involvement.
12. The ombudsman shall conduct himself/herself in a manner that will strengthen the statewide and national ombudsman network.

² In the Code of Ethics, client refers to the range of consumers served by LTCO such as residents, their families members, and individuals who are seeking information about long-term care facilities.

ATTACHMENTS

GUIDANCE (GU)

OMBUDSMAN (OM)

GU.OM.03. NORS Basic Principles

NORS Training, Part III

Basic Principles for Verifying Complaints, Coding Complaint Dispositions and Closing a Case

Verifying Complaints

Ombudsmen always attempt to verify complaints, but they work to resolve a complaint, whether it is verified or not. Definition of verified: *It is determined after work (interviews, record inspection, observation, etc.) that the circumstances described in the complaint are generally accurate.*

Disposition

1. You need a disposition code for each complaint, whether or not the complaint is verified.
2. Each complaint has only one disposition code. You must choose the best one.
3. When choosing a disposition code, always follow the direction of the resident. If you cannot get direction from the resident, and there is no legal representative, or the representative's direction is inconsistent with the previously expressed wishes of the resident, then take direction from the complainant.
4. Remember, disposition codes record outcomes, not activities. You may perform many activities when resolving and investigating a complaint, but there is only one outcome.

Closing a Case

A case is closed when none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Provided by the National Association of State Ombudsman Programs' Workgroup to Improve NORS Consistency (WINC) and the Administration on Aging, Office of Consumer Choice and Protection, July 2005

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.02. Complaint Initiation and Focus

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Complaint Initiation and Focus</u>	PO.OM.02 Complaint Initiation and Focus. (4/30/2012)

Purpose:

The purpose is to ensure that ombudsman give prompt attention to clients and that they direct the work of an ombudsman investigation.

Scope:

This policy sets forth guidelines to ensure that ombudsmen promptly initiate complaint investigations, and focus on the rights and wishes of the resident or resident's representative.

Definitions:

None

Procedures:

- 1) A complaint investigation must be initiated within 5 working days of receipt of the report, unless the complaint is deemed spurious or not an appropriate subject for ombudsman investigation. Regardless of the source of the complaint, the resident of or applicant to a long term care facility (or legal representative) is the ombudsman's client, and the ombudsman will discuss the complaint with the resident/legal representative in order to:
 - a. Determine the resident's or legal representative's perception of the complaint.
 - b. Determine the resident's or legal representative's wishes with respect to resolution of the complaint.
 - c. Advise the resident or legal representative of his or her rights.
 - d. Work with the resident or legal representative in developing a plan of action.
2. Where immediate action must be taken in order to protect resident rights, the ombudsman may take necessary immediate action if it is not possible to first consult with the resident or representative. The ombudsman shall inform the resident of the action taken as soon as is practicably possible and seek to follow resident/representative wishes during the remainder of the complaint process.

Exceptions:

None

References:

- 3) OAA Sec. 712(a)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.03. Duty to Report

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Duty to Report Cases of Abuse, Neglect or Exploitation</u>	PO.OM.03 Duty to Report Cases of Abuse, Neglect or Exploitation. (4/30/2012)

Purpose:

The purpose is to ensure proper response to allegations of abuse, neglect and exploitation occurring in long term care facilities.

Scope:

This policy sets forth directives for ombudsmen when they are first responders in cases where allegations of abuse, neglect and exploitation are present and clarifies the ombudsman role when the “potential” for harm to a resident exists.

Definitions:

- ABUSE, NEGLECT AND EXPLOITATION

Procedures:

- 1) The ombudsman will not investigate any complaint alleging actual harm to a vulnerable adult of any age, in any living situation. If an ombudsman is the first responder or receives allegations of abuse, neglect, and exploitation, they will be immediately referred to Adult Protection. (IC 39-5301) Adult Protection will then determine the appropriate plan of action and whether referral to the survey and licensing agency is appropriate.
- 2) It will be the responsibility of the ombudsman to investigate any complaint alleging potential for actual harm to a resident in a nursing home or residential care/assisted living facility.
- 3) Each AAA shall ensure that Adult Protection staff and the substate ombudsman maintain a written agreement establishing cooperative protocols in the investigation of complaints.

Exceptions:

None

References:

- 4) IC 39-5303. Duty to Report Cases of Abuse, Neglect or Exploitation of vulnerable adults
- 5) IDAPA 15.01.03.020.09. Adult Protection and Ombudsman Coordination

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.04. Access to Residents

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Access to Residents</u>	PO.OM.04 Access to Residents. (4/30/2012)

Purpose:

The purpose is to ensure that long term care residents have regular, timely and unimpeded access to residents and information relating to the complaint investigation.

Scope:

This policy sets a protocol for ombudsman entry to a facility and access to information pertinent to investigation of a resident's complaint.

Definitions:

- HIPAA: Health Insurance Portability and Accountability Act (Privacy Rule)

Procedures:

- 1) Ombudsman will notify the person in charge of the facility of their arrival unless to do so will compromise a complaint investigation. IDAPA 15.01.03.033
- 2) Should the ombudsman be unable to obtain access as outlined above, they will vacate the premises and immediately contact the Office for assistance.
- 3) Under the Health Insurance Portability and Accountability Act (**HIPAA**) Privacy Rule, the Long Term Care Ombudsman program is a "health oversight agency." Therefore, the Privacy rule does not preclude release of resident's clinical records to the Ombudsman Program with or without authorization of the resident or resident's legal representative. Also, since the Ombudsman program is a health oversight agency, nursing homes and other covered entities may in response to appropriate ombudsman inquiries share other information without fear of violating the Privacy Rule. (INFORMATION MEMORANDUM–AOA–IM-03-01, February 4, 2003)

Exceptions:

None

References:

- 6) AOA INFORMATION MEMORANDUM –AOA –IM-03-01, February 4, 2003. Omb. Attachment 03
- 7) OAA. Sec. 712(b)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.05. Resident Visitation

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Resident Visitation</u>	PO.OM.05 Resident Visitation. (4/30/2012)

Purpose:

The purpose is to ensure that Ombudsmen are regularly available to residents in order to resolve complaints.

Scope:

This policy sets a process in place to visit long term care residents on a regular basis and requires that visits are normally unannounced.

Definitions:

None

Procedures:

- 1) In order to provide a regular presence in long-term care facilities and to provide access for residents to the program, each local ombudsman will adhere to the following visitation schedule:
 - A. Conduct a minimum of one visit per quarter to each assisted living and nursing home in the designated area.
 - B. Visits will be unannounced and dates kept confidential unless it is determined that advance notification is in the best interest of the resident.

Exceptions:

- 1) Visit information may be divulged to facility staff only if to do so benefits the resident and the investigation of a complaint.

References:

- 1) OAA 712(b)(1)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.06. Resident Retaliation and Noninterference

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Retaliation and Noninterference</u>	PO.OM.06 Retaliation and Noninterference. (4/30/2012)

Purpose:

The purpose is to ensure that residents will be free of restriction or influence when lodging concerns and complaints and that ombudsman will be free from restriction or retaliation in pursuing complaint investigation on behalf of residents.

Scope:

This policy outlines what constitutes interference and the steps taken to protect both the resident and the ombudsman from such action.

Definitions:

None

Procedures:

- 1) No person may willfully interfere with a long-term care ombudsman in the performance of official duties. "Interference" includes any inappropriate or improper influence from any individual or entity, regardless of the source, that will in any way compromise, decrease, or negatively impact on:
 - a. The objectivity of the investigation or outcome of complaints
 - b. The ombudsman's role as advocate for the rights and interests of the resident
 - c. The ombudsman's work to resolve issues related to the rights, quality of care, and quality of life of residents of long-term care facilities
 - d. The ombudsman's statutory responsibility to provide such information as the Office of the State Long-Term Care Ombudsman determines necessary to public and private agencies, legislators, and other persons regarding the problems and concerns of residents and recommendations related to residents' problems and concerns.
- 2) If the ombudsman has reason to believe the complainant/resident is at risk for retaliation as a result of lodging a complaint, he/she must make a follow-up contact within six weeks of case closure.

Exceptions:

None

References:

- 1) IC 67-5009
- 2) OAA Sec. 712(i) and (j)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.07. Records and Reporting

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Records and Reporting</u>	PO.OM.07 Records and Reporting. (4/30/2012)

Purpose:

The purpose is to ensure that all ombudsmen adhere to uniform federal and state reporting requirements.

Scope:

This policy sets forth the steps to create a consistent statewide process for collecting and reporting ombudsmen data and information regarding the statewide data collection software program.

Definitions:

- OMBUDSMANAGER: The Idaho Ombudsman data collection system.

Procedures:

- 1) A case file shall be maintained on each complaint investigation and contain all copies of information made in relation to the investigation. Documentation must be concise, objective, in chronological order and contain:
 - A. Description of the problem as explained by the caller
 - B. Ombudsman analysis of the problem
 - C. Plan of action
 - D. All facts regarding the investigation
 - E. Outcome of the investigation
- 2) The Older American Act requires States to collect complaint data and to report aggregate data to AoA annually. The final calculations are compiled each Federal Fiscal Year in a state Ombudsman report for submission to AoA, and reporting to Congress. In fiscal year 1995, AoA implemented an ombudsman compliant reporting system called the national Ombudsman reporting system (NORS). The Ombudsman Reporting tool (ORT) is a web-based, hosted data submission tool that can be used to facilitate manual data entry and calculation from the required NORS data. It can also pull the required NORS data from outside data sources in order to format data according to AoA's specifications. AoA requires ombudsman to collect and submit the following information:
 - A. Description of complaints and consultations
 - B. Who makes the complaints
 - C. Action on complaints
 - D. Disposition of complaints
 - E. Technical assistance given
 - F. Facility Visits made
 - G. Public education/facility training given
 - H. Media contact
 - I. Participation in facility surveys
 - J. Participation in resident and family councils
- 3) Substate ombudsmen will adhere to federal/state reporting requirements and submit reports as required by the Office. They will utilize the state-approved reporting system and complete entry of all data for each quarter by the 20th day of the month following the end of each quarter. Case records may be destroyed at the end of 3 years.

Exceptions: None

References:

- 1) OAA Sec. 712 (c)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.08. Training and Continuing Education

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Training and Continuing Education</u>	PO.OM.08 Training and Continuing Education. (4/30/2012)

Purpose:

The purpose is to ensure that all volunteer and paid ombudsman staff are properly trained and approved by the State Ombudsman to represent the program.

Scope:

This policy outlines all training requirements for paid and volunteer ombudsmen.

Definitions:

None

Procedures:

1. The designated entity must ensure each ombudsman receives an orientation and training tailored to their needs, as follows:
 - A. All paid or volunteer ombudsman must receive 30-32 hours of orientation and training supported by standardized training materials from the Idaho Office of the Long Term Care Ombudsman Long Term Care Resource Manual. Orientation and training can be provided in a variety of methods and will include but not be limited to:
 1. The Long Term Care Ombudsman Program
 2. The Aging Process
 3. Long Term Care Facilities, Regulations, and Finances
 4. Long Term Care Residents
 5. Resident Rights
 6. The Communication Process
 7. The Problem-Solving Process
 8. Idaho Specific Ombudsman policies, procedures and reporting
 9. Any additional training deemed necessary by the Office.
 10. Visits to facilities and on the job training
 11. Successful completion of a written or oral exam approved by the Office.
 - B. The Office will provide lead full-time substate ombudsmen with all or part of the above training.
 - C. Local entities may recruit, train and monitor volunteers to assist in the program. Volunteers will:
 1. After successful completion of the above they will be designated as assistant ombudsman and will follow duties as assigned by the supervising ombudsman.
 2. Will adhere to all State and Federal ombudsman regulation, statutes, rules, and policies.
 3. May be reassigned at any time by the substate ombudsman or the Office.
 4. Reapply to the program if inactive for more than six months.
 - D. Initially, volunteer ombudsmen will be considered "Level I" ombudsman and not be allowed to conduct complaint investigations. If a "Level I" volunteer so desires and has been approved by the local supervisor, they may pursue "Level II" status and after 6 months of experience with the program, begin investigating complaints.
2. Substate programs will keep current records on all activities of volunteers and provide regular monitoring and oversight.

3. Local entities, together with the substate ombudsmen, must assess and provide for training needs in cooperation with the Office. All ombudsmen must:
 - A. participate in required Office-scheduled training events
 - B. complete annually a minimum of 20 hours of continuing education

Initially, volunteer ombudsmen will be considered “Level I” ombudsman and not be allowed to conduct complaint investigations. If a “Level I” volunteer so desires and has been approved by the local supervisor they may pursue “Level II” status and after 6 months of experience with the program, begin investigating complaints.

Exceptions:

Substate ombudsmen may at any time submit, to the Office for approval, a written waiver of initial training and continuing education requirements for a potential or active volunteer. The waiver will be granted if the potential volunteer has education and experience equivalent to the above requirements or will be serving in an office capacity.

References:

- 1) OAA Sec. 712(h)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.09. Complaint Against Local Ombudsman

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Complaints Against Local Ombudsmen</u>	PO.OM.09 Complaints Against Ombudsmen. (4/30/2012)

Purpose:

The purpose is to ensure that complaints against local ombudsmen are investigated and handled by the State Ombudsman and in an appropriate manner.

Scope:

This policy outlines the process to resolve grievances filed against local ombudsmen.

Definitions:

None

Procedures:

1. The local entity will inform the Office immediately upon receiving a complaint against a local ombudsman. The Office may initiate an investigation and will:
 - A. Notify the responsible local entity of the initiation of an impending investigation of an ombudsman and after investigation:
 1. Develop findings and make recommendations to the local entity.
 2. Notify the complainant of the final outcome; however, specifics of the investigation or any disciplinary action will not be addressed.
 3. May make recommendations to the local entity to terminate the employment of a local ombudsman or volunteer when there is:
 - a. Existence of an unresolvable conflict of interest.
 - b. Breach of the confidentiality requirement.
 - c. Failure to adhere to the policies of the Office, State, or Federal law.
 - d. Failure to accept program supervision from the Office.

Exceptions:

None

References:

- 1) IDAPA 15.01.03.032.03

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.10. Conflict of Interest

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Conflict of Interest</u>	PO.OM.10 Conflict of Interest. (4/30/2012)

Purpose:

The purpose is to ensure that no ombudsman will have a conflict of interest that will alter the perception of the ombudsman program as an independent advocate for residents. (OAA 712(f))

Scope:

This policy sets a process to prevent and/or resolve any conflict of interest that an ombudsmen may have in relation to their work. It provides direction for removal of a representative that is unable to remedy the conflict of interest.

Definitions: None

Procedures:

- 1) Ombudsmen must be free of conflict of interest. A conflict of interest exists in the Long-term Care Ombudsman program when:
 - A. Other interests intrude upon, interfere with, or threaten to negate the ability of the ombudsman to advocate without compromise on behalf of long-term care facility residents including but not limited to:
 1. Discharge planning
 2. Guardian for non-family member
 3. Agent under power of attorney or other surrogate decision-maker for a long term care resident in the service area
 4. Pre-admission screening
 5. Case management for long term care residents
 - B. Participation in the management of a long-term care facility by an individual or a member of his or her immediate family.
 1. Ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or long-term care service by an individual or a member of their immediate family.
 2. Involvement in the licensing or certification of a long-term care facility or provision of a long-term care service by an individual or member of their immediate family.
 3. Receipt of remuneration (in case or in kind) under a compensation arrangement with an owner or operator of a long-term care facility by an individual or member of their immediate family.
 4. Acceptance of gifts or gratuities from a long-term care facility, resident or resident representative.
 5. Assignment to a facility where an immediate family member works or resides.
2. **Remedy:** Where an actual or potential conflict of interest within the ombudsman program has been identified, the Office will be notified and will determine if the conflict can be resolved. A conflict can be sufficiently remedied only where the existence of the conflict does not interfere with any duties of the ombudsman and where the conflict is not likely to alter the perception of the Office as an independent advocate for residents.

Exceptions: None

References:

- 1) OAA Sec. 712(f)
- 2) IDAPA 15.01.020.05

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.12. Program Information and Public Education

Policy Subject	Policy #
<p style="text-align: center;">Idaho Long Term Care Ombudsman Program <u>Program Information and Public Education</u></p>	<p style="text-align: center;">PO.OM.12 Program Information and Public Education. (4/30/2012)</p>

Purpose:

The purpose is to ensure that Idaho's long term care elders and their loved ones will be familiar with the ombudsman and services provided.

Scope:

This policy sets a process to provide outreach and education about the program and aging issues in Idaho and to ensure that residents have information about services.

Definitions:

None

Procedures:

- 1) Each local entity shall develop and carry out a plan for informing the public about the program by:
 - A. developing and distributing program information
 - B. ensuring that each nursing home and assisted living facility displays Ombudsman information developed by the Office and accessible to residents
 - C. providing an annual minimum of 12 presentations/trainings per local entity (24 in Area III) on issues relating to long term care residents

Exceptions:

None

References:

- 1) OAA Sec. 712(g)(1)(A)

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.13. Program Monitoring and Review

Policy Subject	Policy #
Idaho Long Term Care Ombudsman Program <u>Program Monitoring and Review</u>	PO.OM.13 Program Monitoring and Review. (4/30/2012)

Purpose:

The purpose is to ensure that local ombudsman program follow regulations, policies and procedures set forth by the OAA and the State program.

Scope:

This policy sets a process for regular review and monitoring of each local program by the State Ombudsman.

Definitions:

None

Procedures:

- 1) The Office shall conduct an ombudsman on-site program review every two years and will include but not be limited to:
 - A. Case Documentation. Ten closed case files from the previous year will be chosen randomly and reviewed for clear and thorough documentation presented in chronological order. The case files will be reviewed for:
 1. Clarity
 2. Accuracy
 3. Timely response to complaint. (Initial contact made within five working days) and prompt attention to process of investigation
 4. Appropriateness of investigation and case handling
 5. Use of resources
 6. Follow-up when needed and appropriate.
 - B. The Office will ensure that local program staff:
 1. Meet training requirements
 2. Receive appropriate supervision, oversight and monitoring
 3. Each local AAA Ombudsman program needs to make a minimum of 24 public presentations/training each year. (48 in area III)
 4. Visit every nursing home and assisted living/residential care facility in the respective planning and service area at least once each quarter.
 5. Maintain 20 hours of continuing education each year for all Ombudsmen (paid or volunteer) unless waiver is granted by the State Ombudsman.
 6. Have a private meeting space for confidential meetings.
 7. Store files in a secured area.

Exceptions:

None

References:

- 1) IDAPA 15.01.03.08

ATTACHMENTS

FORMS (FO)

OMBUDSMAN (OM)

FO.OM.01. Ombudsman Program Intake and Complaint Codes

Idaho Long-Term Care Ombudsman Reporting Form

Ombudsman:	Complainant:	Resident: <i>(use 'group' if more than one)</i>	Date of Intake:
District:	Complainant's Address:		Date of First Action:
Facility or Community:		Date of Birth:	
		Gender:	Date Closed:
Facility Address:	Complainant's Phone:	Race:	
	Complainant's Relationship to Resident:	Pay Status:	Consent Obtained:
		Marital Status:	
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Guardian POA/Guardian's Name and Phone #:			

Complaint Number		1	2	3	4	5
Complaint Information	A. Complaint Code					
	B. # of Residents Affected					
	C. Verification					
	D. Complaint Against					
	E. Primary Referral					
	F. Disposition					
	G. Complaint Investigated By					
Summary of Complaint #'s	1					
	2					
	3					
	4					
	5					

Notes:	
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Ombudsman Signature: _____

A: Abuse, Gross Neglect, & Exploitation

- A1-Abuse, physical (including corporal punishment)
- A2-Abuse, sexual
- A3-Abuse, verbal/mental (including involuntary seclusion)
- A4-Financial exploitation (use E for less severe forms of financial complaints)
- A5-Gross neglect (use categories under F for less severe forms of neglect)
- A6-Resident to resident physical or sexual abuse
- A7-Not Used

B: Access to Information

- B8-Access to own records
- B9-Access to ombudsman & visitors
- B10-Access to facility survey
- B11-Information re: advance directive
- B12-Information re: medical condition, treatment, & any changes
- B13-Information re: rights, benefits, & services
- B14-Information communicated in understandable language
- B15-Not Used

C: Admission, Transfer, Discharge, & Eviction

- C16-Admission contract and/or procedure
- C17-Appeal process: absent or not followed
- C18-Bed hold: written notice or refusal to readmit
- C19-Discharge/eviction: planning, notice, or procedure
- C20-Discrimination in admission due to condition or disability
- C21-Discrimination in admission due to Medicaid status
- C22-Room assignment, room change, or intrafacility transfer
- C23-Not Used

D: Autonomy, Choice, Exercise of Rights, & Privacy

- D24-Choose personal physician or pharmacy
- D25-Confinement in facility against will (illegally)
- D26-Dignity, respect, & staff attitudes
- D27-Exercise choice and/or civil rights (includes right to smoke)
- D28-Exercise right to refuse care or treatment
- D29-Language barrier in daily routine
- D30-Participate in care planning by resident and/or designated surrogate
- D31-Privacy: telephone, visitors, couples, & mail
- D32-Privacy in treatment & confidentiality
- D33-Response to complaints
- D34-Reprisal or retaliation

D35-Not Used

E: Financial & Property (Except for Financial Exploitation)

E36-Billing & charges: notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)

E37-Personal funds: mismanaged, access denied, deposits, and other money not returned (report criminal level misuse of personal funds under #4)

E38-Personal property lost, stolen, used by others, or destroyed

E39-Not Used

F: Care

F40-Accidents, improper handling

F41-Call lights or requests for assistance

F42-Care plan/resident assessment: inadequate, failure to follow plan or physician orders (report lack of resident/surrogate involvement under #30)

F43-Contracture

F44-Medications: administration & organization

F45-Personal hygiene (includes oral hygiene)

F46-Physician services

F47-Pressure sores

F48-Symptoms unattended, no notice to others of change of condition

F49-Toileting

F50-Tubes: neglect of catheter, NG tube (use #28 for inappropriate/forced use)

F51-Wandering, failure to accommodate & monitor

F52-Not Used

G: Rehabilitation or Maintenance of Function

G53-Assistive devices or equipment

G54-Bowel & bladder training

G55-Dental services

G56-Mental health & psychosocial services

G57-Range of motion & ambulation

G58-Therapies: physical, occupational, & speech

G59-Vision & hearing

G60-Not Used

H: Restraints: Chemical & Physical

H61-Physical restraint: assessment, use, & monitoring

H62-Psychoactive drugs: assessment, use, & evaluation

H63-Not Used

I: Activities & Social Services

I64-Choice & appropriateness

I65-Community interaction & transportation

I66-Roommate conflict

I67-Social services: availability & appropriateness (use #56 for mental health or psychosocial counseling & services)

I68-Not Used

J: Dietary

J69-Assistance in eating or assistive devices

J70-Fluid availability & hydration

J71-Menu: quantity, quality, variation, & choice

J72-Snacks & time span between meals

J73-Temperature

J74-Therapeutic diet

J75-Weight loss due to inadequate nutrition

J76-Not Used

K: Environment

K77-Air temperature & quality (heating, cooling, ventilation, & smoking)

K78-Cleanliness & pests

K79-Equipment & building: disrepair, hazard, poor lighting, & fire safety

K80-Furnishings & storage for residents

K81-Infection control

K82-Laundry: lost & condition

K83-Odors

K84-Space for activities & dining

K85-Supplies & linens

K86-ADA (Americans with Disabilities Act) accessibility

L: Policies, Procedures, Attitudes, Resources (See A-E for Policies on Advance Directives, Due Process, Billing, & Management of Residents' Funds)

L87-Abuse investigation & reporting

L88-Administrator(s) unresponsive or unavailable

L89-Grievance procedure (use C for transfer & discharge appeals)

L90-Inadequate record keeping

L91-Insufficient funds to operate

L92-Operator inadequately trained

L93-Offering inappropriate level of care (for B&C's & similar)

L94-Resident/family counsel/committee intererred with or not supported

L95-Not Used

M: Staffing

M96-Communication or language barrier (use #29 if problem involves resident's inability to communicate)

M97-Shortage of staff

M98-Staff training or lack of screening

M99-Staff turnover or overuse of nursing pools

M100-Staff unresponsive or unavailable

M101-Supervision

M102-Eating assistants

N: Certification & Licensing Agency

N103-Access to information (including survey)

N104-Response to complaint(s)

N105-Decertification or closure

N106-Intermediate sanctions

N107-Survey process

N108-Survey process: ombudsman participation

N109-Transfer or eviction hearing

N110-Not Used

O: State Medicaid Agency

O111-Access to information or application

O112-Denial of eligibility

O113-Non-covered services

O114-Personal needs allowance

O115-Services

O116-Not Used

P: System/Others

P117-Abuse or abandonment by family member, friend, guardian, or other person while on visit out of facility

P118-Bed shortage or placement

P119-Board & care or similar facility re: licensing & regulation

P120-Family conflict

P121-Financial exploitation by family or other not affiliated with facility

P122-Legal: guardianship, conservatorship, power of attorney, or wills

P123-Medicare

P124-PASARR

P125-Resident's physician not available

P126-Protective service agency

P127-SSA, SSI, VA (other benefits)

P128-Request for less restrictive placement

Q: Complaints in other than nursing homes, board & care, or similar settings

Q129-Home care

Q130-Hospital or hospice

Q131-Public or congregate housing not providing personal care

Q132-Shelters

Q133-Not Used

ATTACHMENTS

GUIDANCE (GU)

OMBUDSMAN (OM)

GU.OM.02. National Ombudsman Reporting System (NORS) Complaint Codes

Long-Term Care Ombudsman Program Complaint Codes

A complaint is about a problem of commission or omission.

Each case may have more than one complaint. However each problem will have only one code. Use only one category for each type of problem (i.e., do not check both A.3 and D.26 for the same staff behavior - determine which category is most appropriate to the particular problem).

Residents' Rights

A. Abuse, Gross Neglect, Exploitation

Use categories in this section only for serious complaints of willful mistreatment of residents by facility staff, management, other residents (use category 6) or unknown or outside individuals who have gained access to the resident through negligence or lax security on the part of the facility or for neglect which is so severe that it constitutes abuse. Use P.117 and P.121 for complaints of abuse, neglect, exploitation by family members, friends and others whose actions the facility could not reasonably be expected to oversee or regulate.

For all categories in this part, use the broad definitions of abuse, neglect and exploitation in the Older Americans Act, which is almost identical to that in regulations for nursing homes participating in the Medicare and Medicaid programs (42 CFR 488.301):

The term abuse means the willful (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain or mental anguish; or (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (Older Americans Act, Section 102 [13])

The term (financial) exploitation means the illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain. (Older Americans Act, Section 102[24])

In addition to the above broad definitions, use the definitions for specific categories below from the Centers for Medicare and Medicaid Services (CMS) Interpretive Guidelines, section 483.13(b) and (c). The guidelines are available at https://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf See page 61 and surveyor guidance at deficiency tags F223 to F226.

Use resident-to-resident physical or sexual abuse (A.6) only for willful abuse of one resident by another resident, not for unintentional harm or altercations between residents who require staff supervision, which should be coded in category I-66, “Resident conflict, including roommates.” (For example, a confused resident who strikes out is categorized at I.66 and an alert resident who strikes out is A.6.)

1. Abuse, physical (including corporal punishment)

Includes hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.

2. Abuse, sexual

Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

3. Abuse, verbal/psychological (including punishment, seclusion)

Use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or to their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability. (Use D.26 for less severe forms of staff rudeness or insensitivity; use M.100 if staff is unavailable, unresponsive to residents.) Psychological or mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Involuntary seclusion means the separation of a resident from other residents or from his/her room against the resident’s will or the will of the resident’s legal representative. Emergency or short term monitored separation is not considered involuntary seclusion if used for a limited period of time as a therapeutic intervention to reduce agitation.

4. Financial exploitation (use categories in Section E for less severe financial complaints)

The illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain.

5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)

The willful deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (Use only for the most extreme forms of willful neglect. Use the appropriate categories under Resident Care, Quality of Life or, in some cases, Administration for less severe forms or manifestations of resident neglect.)

6. Resident-to-resident physical or sexual abuse

Use only for complaints of abuse by a resident against one or more other residents which meet the definitions of abuse provided above. (For unintentional harm or altercations between residents who require staff supervision, use category I-66, "Resident conflict, including roommates.")

7. Not Used

B. Access to Information by Resident or Resident's Representative

Use categories in this section for complaints involving access to information or assistance made by or on behalf of the resident or the resident's representative. Use B.9 if the ombudsman is denied access in response to a complaint. If there is a general problem with ombudsman access to one or more particular facilities or types of facilities, but no complaint has been filed, do not use complaint categories. Describe the access problem under Part III, B - Statewide Coverage. Categories B.14, D.29, and M.96 all involve communication/language barriers and yet are different. Use B.14 if information regarding rights, medical condition, benefits, services, etc. is not communicated in an understandable language.

8. Access to own records

Use if complainant is denied or delayed access to resident's record.

9. Access by or to ombudsman/visitors

Use if access to the facility or certain parts of the facility is denied to the ombudsman. Use also if ombudsman or visitors are denied access to a resident.

10. Access to facility survey/staffing reports/license

Use if the licensing and certification agency's survey is not posted in a prominent place or not provided when requested. Use also when the facility's license is not posted or available. Use if the facility daily staffing report is not posted.

11. Information regarding advance directive

Use related to advance health care directive, living will, do not resuscitate (DNR) order, and similar problems.

12. Information regarding medical condition, treatment and any changes

Use if information is denied, delayed.

13. Information regarding rights, benefits, services, the resident's right to complain

Use related to resident rights (including the right to complain), Medicaid information/process, social services, staff not wearing name badges, and similar problems.

14. Information communicated in understandable language

Use if information is not provided in a language which the resident or her representative can understand or the staff speaks in a confusing manner.

15. Not Used

C. Admission, Transfer, Discharge, Eviction

Use the appropriate category for complaints involving placement, whether into, within or outside of the facility. If resident requests assistance in transferring to another facility and there is no stated problem (complaint), record as information and assistance to individuals in Part III, Other Ombudsman Activities. If a resident requests assistance in moving out of the facility but there are no feasible alternative options, record as P.128 "Request for less restrictive placement," since the problem is a lack of care alternatives within the long-term care system.

16. Admission contract and/or procedure

Use if no contract; contract contains illegal wording requiring waiver of rights or guarantee of payment; admission procedure not followed; admission procedure does not contain required elements, and similar problems.

17. Appeal process - absent, not followed

Use if resident/representative not given required number of days to appeal a discharge; facility failed to follow appeal ruling; no appeal process in place; and similar problems.

18. Bed hold - written notice, refusal to readmit

Use if bed not held required number of days; resident/representative not advised of bed hold policy; incorrect bed hold procedure; bed held but resident not readmitted, and similar problems.

19. Discharge/eviction- planning, notice, procedure, implementation, including abandonment

Use if no discharge notice; required notice not given to resident/representative; required notice not given to the ombudsman program in required time frame; required notice lacks documentation, is incomplete, incorrect; discharge is for inappropriate reasons; discharge planned or implemented to inappropriate environment; level of care is changed against

resident's will, and similar problems.

20. Discrimination in admission due to condition, disability

Use for refusal to admit resident due to medical condition, disability.

21. Discrimination in admission due to Medicaid status

Use if resident not admitted due to Medicaid status or pending Medicaid status.

22. Room assignment/room change/intrafacility transfer

Use if resident wants room change or resident objects to planned room change; no notice or inadequate notice of change; excessive room changes; or similar problems.

23. Not Used

D. Autonomy, Choice, Preference, Exercise of Rights, Privacy

Use for any complaint involving the resident's right, as stated in the category. If it is a related problem, but not one specific to this heading, use a category under another heading. For example, if the resident is permitted to choose her personal physician but that physician is unavailable, use P.125.

Note that D.29, B.14 and M.96 all involve communication/language barriers and yet are different. Use D.29 if the resident has a communication or language barrier. Use M.96 if staff have the communication or language barrier.

Use D.27 for right to smoke. Use K.77 for smoke-polluted air.

24. Choose personal physician/pharmacy/hospice/other health care provider

Use when the resident is denied the right to choose his own physician/pharmacy/hospice or other outside health care provider.

25. Confinement of facility against will (illegally)

Use when the resident is denied the right to leave the facility or go outside of the facility. (Use P.128 "other" for resident requests for assistance in moving out of the facility when feasible alternative options are not available.)

26. Dignity, respect - staff attitudes

Use when resident is treated with rudeness, indifference or insensitivity, including failure to knock before entering room, facility posts signs relating to individual's care and similar problems.

27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke

Use when the resident is denied choice and exercise of rights; for example: voting; speaking freely; access to a smoking area, preference in sleeping and rising times, community activities, the outdoors, television program of choice and similar problems. (Use D. 31 for rights involving privacy.)

28. Exercise right to refuse care/treatment

Use if the resident is denied the right to refuse care/treatment; including resident's right to refuse eating, bathing, or taking medication.

29. Language barrier in daily routine

Use if caregiver does not speak the resident's language, resident cannot communicate.

30. Participate in care planning by resident and/or designated surrogate

Use if the resident or the resident's legal representative is denied access to or not informed of a care plan/care plan meeting.

31. Privacy - telephone, visitors, couples, mail

Use if the resident is denied access to a telephone, visitors or mail; phone calls are monitored; mail is opened by someone other than the resident or the resident's legal representative; couples denied privacy.

32. Privacy in treatment, confidentiality

Use if the resident is denied privacy in treatment; confidential information has been disclosed.

33. Response to complaints

Use if complaints are ignored or trivialized by facility staff: administrator, social worker, nurses, and other staff.

34. Reprisal, retaliation

Use if the resident has experienced reprisal/retaliation (threat of discharge, lack of care, requests ignored, call lights unanswered, rough handling, etc.) as a result of a complaint.

35. Not Used

E. Financial, Property (Except for Financial Exploitation)

Use the appropriate category for complaints involving non-criminal mismanagement or careless with residents' funds and property or billing problems. Use A.4 for complaints involving willful financial exploitation, including, but not limited to, criminal activity.

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)

Use if complainant alleges resident does not owe the amount billed; the resident never received the bill for amount owed; bill in error, supplies not provided as part of the daily rate and similar problems.

37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)

Use for problem with personal funds, for example, staff deny a resident use of her personal needs allowance; staff use a nursing home resident's trust fund without consent, and similar problems.

38. Personal property lost, stolen, used by others, destroyed, with-held from resident

Use for property (including prostheses, dentures, hearing aid, glasses, radio, watch) missing/stolen at the facility or if the facility withholds or mismanages personal property (non-monetary). Use K.82 for loss of laundry.

39. Not Used

Resident Care

F. Care

Use the appropriate category for complaints involving negligence, lack of attention and poor quality in the care of residents. If the care situation is so poor that the resident is in a condition of overall neglect which is threatening to health and/or life, use A.5, "gross neglect."

40. Accidental or injury of unknown origin, falls, improper handling

Use for unexplained bruises, scratches, cuts, skin tears; falls from bed, wheelchair, or when standing; when resident is handled improperly or dropped during transfer or other assistance; and similar problems.

41. Failure to respond to requests for assistance

Use for call lights or requests for assistance not answered, or not answered in a timely manner. Includes requests for going/returning to resident's room, transfers to chairs/bed, etc.

42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D. 30)

Use for problem related to care plan: plan is incomplete or not reflective of resident's condition; staff has disregarded or is not informed of the plan; staff fails to respond, or responds slowly, to physician orders and similar problems.

43. Contracture

Use for problem related to resident's hands, arms, feet, or legs being drawn up and contorted.

44. Medications - administration, organization

Use for medications not given on time or not at all, medication administration not documented or incorrectly documented, medications not secured, incorrect medication or dosage; negligence, lack of attention or poor quality in care related to medication that is: run out; expired; not filled in a timely manner; incorrectly labeled, and similar problems.

45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming

Use for resident: not bathed in a timely manner, not clean, not bathed at all, allowed to remain in soiled clothing, diaper, bed, chair; hands and face not washed after meals; teeth/dentures not cleaned; and similar problems.

46. Physician services, including podiatrist

Use for failure of facility to obtain physician services upon a change in resident's condition, or if medical attention, including podiatrist service, is not obtained in a timely manner or not obtained at all.

47. Pressure sores, not turned

Use for pressure sore(s) that may have occurred at the facility or elsewhere. Use when facility fails to treat, document, monitor pressure sores. Use if resident is not turned per medical order or treatment standard, or when turning is undocumented.

48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition

Use if facility fails to accommodate, notice or provide services related to a change in resident's condition.

49. Toileting, incontinent care

Use when resident is not toileted in a timely manner, as needed or requested, or as directed by the care plan; facility is using diapers or catheters rather than toileting. Use G.54 for inadequate or non-existent bowel and bladder plan/training.

50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate, forced use)

Use if tube is not cleaned, changed, or monitored appropriately.

51. Wandering, failure to accommodate/monitor exit seeking behavior

Use for resident wandering, failure to redirect wanderers.

52. Not Used

G. Rehabilitation or Maintenance of Function

Use the appropriate category for complaints involving failure to provide needed rehabilitation or services necessary to maintain the expected level of function.

53. Assistive devices or equipment

Use if facility lacks, fails to maintain or has problems with: Hoyer lift, handrails/grab bars, toilet seat, elevators, ambulation aids, wheelchair (no brakes or foot rests, etc.), hearing or visual aids, and other assistive devices or equipment.

54. Bowel and bladder training

Use if facility fails to provide training, has no schedule, or schedule not maintained. See F.49.

55. Dental services

Use if dental services not provided or arranged for resident.

56. Mental health, psychosocial services

Use if these services not provided, arranged for resident.

57. Range of motion/ambulation

Use if services not provided; resident not assisted or encouraged in ambulation as appropriate; no appropriate exercise available; exercise resident wants is unavailable.

58. Therapies, physical, occupational, speech

Use for failure to provide or arrange for therapies with outside agency or provider.

59. Vision and hearing

Use for failure to provide or arrange for vision and hearing services or for problems with services.

60. Not Used

H. Restraints - Chemical and Physical

Use the appropriate category for any complaint involving the use of physical or chemical restraint.

61. Physical restraint - assessment, use, monitoring

Use for any physical restraint: lap buddy, bed rail(s), bindings, placement of furniture, resident not released from restraints for a specified time; no order in file; and similar problems including locked units.

62. Psychoactive drugs - assessment, use, evaluation

Use for any chemical restraint including excessive or unnecessary medication.

63. Not Used

Quality of Life

I. Activities and Social Services

Use categories under this heading for complaints involving social services for residents and social interaction of residents. Note that transportation is included in category I.65 because community interaction is sometimes (not always) dependent upon transportation.

64. Activities - choice and appropriateness

Use for lack of activities appropriate for each resident; facility fails to consider residents ability to perform certain activities/and preferences; variety limited; no activities; posted activities not conducted.

65. Community interaction, transportation

Use for any complaint involving the resident's need for transportation, for whatever reason and/or when facility does not assist residents in participating in community services or activities or curtails community interaction.

66. Resident conflict, including roommates

Use for any complaint involving conflict between residents, including roommate conflict and inappropriate behaviors that impact another resident's quality of life.

67. Social services – availability/appropriateness (use G.56 for mental health, psychosocial counseling/service)

Use if social services department fails to provide social services or encourage social interaction; fails to provide services if resident isolates himself or refuses to participate in activities, and similar problems.

68. Not Used

J. Dietary

Use the appropriate category for complaints involving food and fluid intake. Use the appropriate category under A (A.1 or A.5) for willful cases of food deprivation.

69. Assistance in eating or assistive devices

Use for failure to provide assistance in eating; facility has not provided tools to assist resident in self-feeding, meal set-up, i.e., opening milk cartons, tray not within reach.

70. Fluid availability/hydration

Use for complaint that resident is not reminded to drink; bedside water is not provided, not fresh or not in reach; fluids are not readily available; resident is dehydrated.

71. Food service - quantity, quality, variation, choice, condiments, utensils, menu

Use for posted menu not served; alternate selections not offered; servings too small; no variety; quality is poor; food has little nutritional value, nutrients out of date, condiments or utensils not provided, presentation, timely delivery and/or removal of trays.

72. Snacks, time span between meals, late/missed meals

Use for snacks not readily available or offered between meals; excessive time span between dinner and breakfast.

73. Temperature

Use for food or beverage not served at appropriate temperature.

74. Therapeutic diet

Use for complaint resident's therapeutic diet is not served as ordered; resident's dietary needs not accommodated.

75. Weight loss due to inadequate nutrition

Use A.1 or A.5 for willful food deprivation.

76. Not Used

K. Environment/Safety

Use the appropriate category for complaints involving the physical environment of the facility and resident's space.

77. Air/environment: temperature and quality (heating, cooling, ventilation, water), noise

Use for complaints about building, room or water temperature too hot or cold; ventilation inadequate; indoor cigarette smoke; noise in the facility; and similar problems.

78. Cleanliness, pests, general housekeeping

Use for uncleanliness or pests (insects, vermin - live or dead) in resident's room or other facility area. Also use for ant, snake, rat or mosquito bite.

79. Equipment/Buildings - disrepair, hazard, poor lighting, fire safety, not secure

Use for elevator malfunctioning/not maintained; paint/wallpaper peeling; lights burned out or insufficient lights; exterior not maintained, littered; inaccessible entrances/exits or hallways; inadequate/non-functioning/expired fire extinguishers; malfunctioning automatic doors; fire alarms, smoke detectors, and other emergency equipment not present, malfunctioning or inadequate; and any other building maintenance problem. Also use for premises not secured; lacking or broken window bars; unauthorized person gained entrance to facility; unauthorized weapon in facility, and similar problems.

80. Furnishings, storage for residents

Use for furnishing in disrepair; lack of furnishings; inadequate storage space for belongings, including valuables.

81. Infection control

Use for insufficient measures to prevent infection; spread of infection; resident at risk; infection unreported or not treated appropriately, and similar problems.

82. Laundry - lost, condition

Use for no clean clothes available; clothing lost, damaged.

83. Odors

Use for urine, feces, any other offending odor or any odor which is a detriment to the health of the resident.

84. Space for activities, dining

Use for: inadequate space for scheduled activity or residents' attendance/participation in activity; dining area does not promote resident interaction; inadequate space for wheelchair or other assistive devices while dining; activity, dining areas converted to other uses.

85. Supplies and linens

Use for no clean linens available or in poor condition; shortage of supplies, for example, soap, gloves, toilet paper, incontinence pads, and nursing supplies.

86. Americans with Disabilities Act (ADA) accessibility

Use for complaints regarding the facility's compliance with the ADA; for example, no handicapped access.

Administration

L. Policies, Procedures, Attitudes, Resources

Categories under this heading are for acts of commission or omission by facility managers, operators or owners in areas other than staffing or specific problems included in previous sections.

87. Abuse investigation/reporting, including failure to report

Use for failure of facility to report or investigate suspected resident abuse/neglect or exploitation to the specified authority, no matter where alleged abuse occurred.

88. Administrator(s) unresponsive, unavailable

Use for failure of administrator or administrative staff to respond to or communicate with others.

89. Grievance procedure (use C for transfer, discharge appeals)

Use if there is no grievance procedure for handling complaints or if the procedure is not made known to residents or not complied with by the facility.

90. Inappropriate or illegal policies, practices, record-keeping

Use if records are incomplete, missing or falsified, including staff references not checked, or when required background screening has not been performed. Use also for complaints about health care fraud, waste, and abuse.

91. Insufficient funds to operate

Use if there is a substantiated complaint of shortage of staff, lack of food, utilities cut off, etc., that could indicate bankruptcy or insufficient funds. Also use if a complainant alleges the facility has insufficient funds to operate.

92. Operator inadequately trained

Use for complaint that owner/administrator has no documentation of administrator's license, training or updates, and other certifications required by the state.

93. Offering inappropriate level of care (for B&C/similar)

Use if facility admits or retains resident whose medical and/or care needs are greater than the facility can meet or arrange to have met and similar problems.

94. Resident or family council/committee interfered with, not supported

Use if facility interferes with or fails to support resident or family councils, attempts to organize councils and related problems.

95. Not Used

M. Staffing

Use appropriate categories under this heading for complaints involving staff unavailability, training, turnover, and supervision.

96. Communication, language barrier

Use for staff language or other communication barrier. Use D.29 if problem involves resident inability to communicate.

97. Shortage of staff

Use for insufficient staff to meet the needs of the resident(s); staffing is below the minimum standard.

98. Staff training

Use when staff has not received training sufficient to meet the needs of the resident(s); including basic care and technical training, including the use of a Hoyer lift, CPR, first aid, mental health, and dementia training.

99. Staff turn-over, over-use of nursing pools

Use when there is no continuity of care for the residents; new staff on board and pool/agency staff are regularly used.

100. Staff unresponsive, unavailable

Use if staff is unresponsive or unavailable. Use D.26 if staff is available but rude or otherwise disrespectful to resident. Use A.3 or other category under A if rudeness or disrespect is so severe that it qualifies as abuse.

101. Supervision

Use when the staff duties are not overseen or not reviewed by a supervisor. Use when there is no ALF staff monitoring residents.

102. Eating Assistants

Use for complaints about inappropriate use of and training of eating assistants. Use J. 69 for failure to provide assistance in eating or facility has not provided tools to assist resident in self-feeding, meal set-up, i.e., opening milk cartons, tray not within reach.

Problems with Outside Agency, System, or People (Not Against the Facility)

Use these categories for all complaints involving decisions, policies, actions or inactions by the state agencies which license facilities and certify them for participation in Medicaid and Medicare.

N. Certification/Licensing Agency

103. Access to information (including survey)

Use if licensing agency does not provide facility information to ombudsmen, public.

104. Complaint, response to

Use when agency fails to respond adequately to any complaint or referral, from the resident, ombudsman or public.

105. Decertification/closure

Use for individual complaints about decertification/closure and if agency fails to decertify/close a facility when within residents' best interests or with disregard to residents' rights.

106. Sanction, including Intermediate

Use if licensing agency fails to sanction facility appropriately.

107. Survey process

Use if agency fails to survey facility as required by law.

108. Survey process - Ombudsman participation

Use if ombudsmen not notified and/or included in survey process.

109. Transfer or eviction hearing

Use for complaints of decisions, policies, actions or inactions by the licensing agency regarding resident discharge hearings.

110. Not Used

Use for any other complaint against the state licensing agency.

O. State Medicaid Agency

Categories in this section are for complaints about Medicaid coverage, benefits and services.

111. Access to information, application

Use if information is denied or delayed to resident or legal representative; case worker is unavailable, or unresponsive to requests for information or application status.

112. Denial of eligibility

Use for complaint that resident is denied Medicaid.

113. Non-covered services

Use for complaints about services not covered by Medicaid.

114. Personal Needs Allowance

Use for complaints about the insufficiency of the personal needs allowance.

115. Services

Use for complaints about the quality or quantity of services covered by Medicaid or difficulty in obtaining services. (Use 113 for non-covered services.)

116. Not Used

P. System/Others

Use appropriate categories in this section to document the range of complaints against or involving individuals who are not managers/staff of facilities * or of the State=s licensing and certification or Medicaid agency. (*except for 119, as specified)

117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person

Use for abuse/abandonment by individuals other than facility staff, when the facility could not reasonably have been expected to observe the acts. Use A.1 or other A categories when the facility should have overseen and acted.

118. Bed shortage - placement

Use when resident is unable to find a facility placement, or for a bed shortage.

119. Facilities operating without a license

Use for complaints about facilities providing services to residents which should only be offered in a regulated environment.

120. Family conflict; interference

Use when a family conflict interferes with resident's care. Use only if the conflict or problem affects the resident's care or well being.

121. Financial exploitation or neglect by family or other not affiliated with facility

Use for cases of financial exploitation or financial neglect of a resident by individuals whose actions the facility could not reasonably be expected to oversee or be responsible.

122. Legal - guardianship, conservatorship, power of attorney, wills

Use if the complaint involves any of the above legal issues.

123. Medicare

Use if resident has complaint related to Medicare coverage.

124. Mental health, developmental disabilities, including PASRR

Use for problems with access to services for persons with mental illness or developmental disabilities or for problems involving implementation of the Pre- Admission Screening and Resident Review (PASRR) requirements of the Nursing Home Reform Act related to individuals with mental illness, mental retardation, or a developmental disability living/making application to live in a Medicaid-certified nursing home.

125. Problems with resident's physician/assistant

Use if the resident's physician or assistant fails to provide information, services, is not available, or makes inappropriate or fraudulent charges. (Use F.46 if facility fails to arrange for physician service and P.48 if facility fails to attend to medical symptoms or notify family of change in resident's condition.)

126. Protective Service agency

Use for complaints involving the agency in the State charged with investigating reports of adult abuse or exploitation and providing protective services for victims of abuse and exploitation.

127. SSA, SSI, VA, other benefits/agencies

Use for complaints for these non-Medicaid and non-Medicare benefits and the agencies which administer them.

128. Request for less restrictive placement

Use for a complaint against any other agency or individual, but not facility staff or licensing agency staff. Use for resident requests for assistance in moving out of the facility and/or ombudsman initiative to help resident find less restrictive placement. Includes work to implement the Supreme Court's Olmstead decision.

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider

Use categories in this section to document any complaints accepted and acted upon by the ombudsman involving individuals living in private residences, hospitals or in hospice care, and congregate and/or shared housing not providing personal care. Also use for services in a facility provided by an outside provider.

129. Home care

Use if complaint is made by or on behalf of an individual living in a private residence.

130. Hospital or hospice

Use for complaint involving hospital or hospice care, service, or administration.

131. Public or other congregate housing not providing personal care

Use for complaint made by or on behalf of individual living in public or private congregate housing unit where personal care is not included in the rental contract.

132. Services from outside provider

Use for services from an outside provider which are not included in other categories for which the facility makes arrangements; for example, personal and homemaking services in an assisted living facility, therapies, non-Medicaid transportation, psychosocial service. (Use P.125 for outside physician services.)

133. Not Used

ATTACHMENTS

GUIDANCE (GU)

OMBUDSMAN (OM)

GU.OM.O5. NORS Verification, Disposition and Closing

NORS Training: Part III

Verification, Disposition and Closing Cases

NORS DISPOSITION CODES

One--and only one--disposition is required for each complaint, whether the complaint is verified or not.

(The following disposition codes are found in Part III.E.2 of the Annual State Ombudsman Report that each state submits to AoA.)

a. LEGISLATIVE OR REGULATORY ACTION REQUIRED

Cases that may be resolved only by governmental order or enactment of changes in law, regulation, or policy.

b. NOT RESOLVED

The problem identified in the complaint has not been corrected or the change made was not to the satisfaction of the resident. No part of the problem was resolved.

c. WITHDRAWN

The complaint was withdrawn by the complainant or resident, or the case was discontinued at the option of the ombudsman. If a significant portion of the complaint/problem was resolved prior to the withdrawal record as “Partially Resolved.”

d. 1 REFERRED FOR RESOLUTION AND FINAL DISPOSITION NOT OBTAINED

The complaint/problem was referred to another agency for investigation but no report of final outcome was obtained by the ombudsman. Use this resolution code also for cases where the ombudsman is unable to determine a final disposition due to the death of a resident.

d.2 REFERRED FOR RESOLUTION AND OTHER AGENCY FAILED TO ACT

Complaint/problem referred to another agency for investigation, but no action was taken by the referral agency.

d.3 REFERRED FOR RESOLUTION AND AGENCY DID NOT SUBSTANTIATE

e. NO ACTION NEEDED OR APPROPRIATE

The investigation proved no action by the ombudsman was needed or appropriate. Examples include: a family member has an issue which the resident does not consider an issue, the complaint does not relate to long-term care residents. The findings of the investigation did not indicate a need for change or require ombudsman intervention. The resident/complainant received an explanation which satisfied the initial problem.

f. PARTIALLY RESOLVED

Complaint/problem addressed in part to the satisfaction of resident or complainant, but some problem remained. (See g. below for guidance.)

g. RESOLVED

The complaint was addressed to the resident's satisfaction. **If the resident cannot communicate**

his/her satisfaction, the ombudsman may look to the resident's representative or to the complainant to determine the resolution if consistent with the rights and interests of the resident. In cases where the resident is not the complainant and the resident is deceased, a complaint may be considered resolved if addressed to the satisfaction of the complainant.

Provided by the NASOP WINC committee and the Office of Consumer Choice and Protection, Administration on Aging, revised 2007. Based on definitions used by the Georgia Long-Term Care Ombudsman Program.

ATTACHMENTS

GUIDANCE (GU)

OMBUDSMAN (OM)

GU.OM.06. NORS Case Complaint, Consultation

NORS TRAINING:

Part I

The Three C's: Case, Complaint, Consultation

BASIC PRINCIPLES

1. A **case** is each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.
 - If the ombudsman and another agency are both actively involved in complaint investigation and resolution, it is also an ombudsman case.
 - The number of cases is equivalent to the number of complainants. One or more people jointly filing a complaint count as one complainant.
2. A **complaint** is a concern brought to, or initiated by, the ombudsman for investigation and action a) on behalf of one or more residents and b) relating to the health, safety, welfare or rights of a resident.
 - One or more complaints constitute a case.
 - You cannot have a case without a complaint.
3. A **consultation** is providing information and assistance to an individual or a facility.
 - a. It does not involve investigating and working to resolve complaints (i.e., a consultation is not a case).
 - b. If the ombudsman refers someone with a concern to another agency and is not actively involved in investigating and working to resolve the problem, it is not an ombudsman case or complaint. However, it can be counted as a consultation.

ATTACHMENTS

GUIDANCE (GU)

OMBUDSMAN (OM)

GU.OM.07. NORS Activity Chart

NORS Training: Part IV

Annotated NORS Activity Chart *

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers NOTE: The number of hours is the time the trainees spend receiving training. (This measure captures the amount of training that you provide, not the time you spend preparing and delivering the training.) NOTE: You must record every topic covered during the training. States must then determine the three most frequent topics covered during the year.	Number sessions		
	Number hours		
	Total number of trainees that attended any of the training sessions above (duplicated count)		
	3 most frequent topics for training		
2. Technical assistance to local ombudsmen and/or volunteers NOTE: This activity measures the percentage of staff time spent managing and administering local and volunteer programs. It includes time spent delivering the training. In order to determine the estimated annual percentage, you must record the actual time spent whenever you provide technical assistance.	Estimated percentage of total staff time		

Activity	Measure	State	Local
3. Training for Facility Staff NOTE: You must record all the topics covered during each training. States must then determine the three most frequent topics covered during the year.	Number of sessions		
	3 most frequent topics		
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation		
	Number of consultations		
5. Information and consultation to individuals (usually by telephone);	3 most frequent requests		
	Number of consultations		
6. Facility Coverage (other than in response to complaint) NOTE: NORS only counts facilities that were visited at least once each quarter.	Number Nursing Facilities visited (unduplicated)		
	Number Board and Care (or similar) facilities visited (unduplicated)		
7. Participation in Facility Surveys NOTE: Ombudsmen may perform many tasks in connection with one survey (pre-survey phone call, exit interview, etc.), each survey counts once, no matter how many different tasks you perform.	Number of surveys		
8. Work with resident councils	Number of meetings attended		

Activity	Measure	State	Local
9. Work with family councils	Number of meetings attended		
10. Community Education	Number of sessions		
11. Work with media NOTE: You may send one release to many media outlets, but it only counts as one press release.	3 most frequent topics		
	Number of interviews/discussions		
	Number of press releases		
12. Monitoring/work on laws, regulations, government policies and actions NOTE: This includes time spent reviewing laws, regulations and policies from any state, even if there is no specific law, policy or regulation under consideration in your state.	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100 %.)		

Revised 10/07

*** This Annotated Activity Chart is the same chart that appears in the NORS Report states submit to AoA each year. However, “NOTES” or annotations have been added to help ombudsmen understand exactly what must be reported for each activity. These “NOTES” are in the left hand column of the chart. (The information in parenthesis after each activity topic is included in the original NORS chart.)**

ATTACHMENTS

POLICIES (PO)

OMBUDSMAN (OM)

PO.OM.01. HIPAA

INFORMATION MEMORANDUM

AOA-IM-03-01

February 4, 2003

TO : STATE AND AREA AGENCIES ON AGING
ADMINISTERING PLANS UNDER TITLES III AND VII
OF THE OLDER AMERICANS ACT OF 1965, AS
AMENDED; OFFICES OF STATE LONG-TERM CARE
OMBUDSMEN

SUBJECT : Ombudsman Access to Residents' Records and Other
Information; the Health Insurance Portability and
Accountability Act of 1996 (HIPAA) Privacy Rule and its Effect on Access to Residents'
Records by the Long-Term Care Ombudsman Program, Residents and Residents'
Representatives

LEGAL AND RELATED REFERENCES : Older Americans Act, as amended, 42 U.S.C 305 8a
Title VII of the Act et seq.; Health Insurance
Portability and Accountability Act (HIPAA) of 1996, Pub. L. No. 104-191 (codified in scattered
sections of 42 U.S.C.); "Standards for Privacy of Individually Identifiable Health Information,"
(The Privacy Rule) (45 CFR Parts 160 and 164)

In recent months, questions have been raised about the effect of the recently issued "Standards for Privacy of Individually Identifiable Health Information" (Privacy Rule), implementing provisions of the Health Insurance Portability and Accountability Act (HIPAA) on access to residents' records and other information by representatives of the Long-Term Care Ombudsman Program (LTCOP), residents of long-term care facilities and residents' representatives.

This memorandum:

1. Reviews the Older Americans Act (OAA) requirements regarding ombudsman access to residents' records and other information, and the Nursing Home Reform Act (the Omnibus Budget and Reconciliation Act of 1987 – OBRA '87) ombudsman access requirements;
2. Explains that the Privacy Rule does not negate those requirements; and
3. Provides additional information for state and area agencies on aging and ombudsmen about the Privacy Rule. The memorandum addresses the following specific topics:
 - Summary of Privacy Rule implications for ombudsman work and state agency on aging responsibilities;
 - OAA requirements regarding ombudsman access to residents' records and other information;
 - The ombudsman access to records requirement in the Nursing Home Reform Act of 1987, which governs nursing homes participating in Medicare and Medicaid;

- Background on HIPAA and the Privacy Rule;
- The Privacy Rule requirements; the LTCOP is a “Health Oversight Agency”
- How these statutory and regulatory requirements affect the work of long-term care ombudsmen; and
- How the Privacy Rule affects residents’ and their representatives’ access to residents’ individual clinical files.

Summary of Implications of the Privacy Rule for Ombudsman Work State Agency on Aging Responsibility

Under the Privacy Rule, the LTCOP is a “health oversight agency.” Therefore, the Privacy Rule does not preclude release of residents’ clinical records to the LTCOP, with or without authorization of the resident or resident’s legal representative. Also, since the LTCOP is a “health oversight agency,” nursing homes and other “covered entities” may, in response to appropriate ombudsman inquiries, share other information without fear of violating the Privacy Rule. State agencies on aging are required under the OAA to ensure appropriate ombudsman access to residents’ records. Nursing homes which participate in Medicare and Medicaid are required to provide ombudsmen access to residents’ records with the permission of the resident or the resident’s legal representative, consistent with state law.

To ensure that all facilities covered by the program, including nursing homes which do not participate in Medicare and Medicaid and board and care, assisted living and similar facilities, provide access to records under all the circumstances outlined in Section 712 (b) of the OAA (see below), state agencies on aging must ensure that the state has in place a statutory, regulatory or policy requirement sufficient to ensure that the facilities provide such access. The following sections review and explain the Federal access and privacy requirements and how they affect each other.

OAA Requirements of State Agencies on Aging Regarding Ombudsman Access to Residents’ Records and Other Information

The OAA specifies requirements for ombudsman access to facilities, residents, residents’ records and other information as follows:

Sec. 712 STATE LONG-TERM CARE OMBUDSMAN PROGRAM

- (b) Procedures for Access.—
 - (1) In general.— The State shall ensure that representatives of the Office shall have--
 - (A) access to long-term care facilities and residents;
 - (B) (i) appropriate access to review the medical and social records of a resident, if—

- (I) the representative has the permission of the resident, or the legal representative of the resident; or
 - (II) the resident is unable to consent to the review and has no legal representative; or
 - (ii) access to the records as is necessary to investigate a complaint if–
 - (I) a legal guardian of the resident refuses to give the permission;
 - (II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and
 - (III) the representative obtains the approval of the Ombudsman;
- (C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and
- (D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.

(2) Procedures.--The State agency shall establish procedures to ensure the access described in paragraph (1). (emphasis added)

OBRA '87 Requirement Regarding Ombudsman Access to Residents' Records

The Nursing Home Reform Act of 1987 amended Sections 1819 (Medicare) and 1919 (Medicaid) of the Social Security Act by adding the following provision:

- (c) (3) (E) **ACCESS AND VISITATION RIGHTS.**— A nursing facility must - (E) permit representatives of the State ombudsman...with the permission of the resident (or the resident's legal representative) and consistent with State law, to examine a resident's Lin. Thus, nursing homes which participate in Medicare and Medicaid are required by Federal law to permit ombudsman representatives to examine a resident's clinical records with permission of the resident or the resident's legal representative, consistent with state law.

(Note that neither the Older Americans Act nor the Social Security Act, as amended by OBRA, requires that permission must be in writing; however, it is strongly recommended that when ombudsmen examine a resident's records, they document in the case file that they have obtained permission to do so, in accordance with these statutory requirements.)

Background on HIPAA and the Privacy Rule

Title I of HIPAA, which became effective on July 1, 1997, protects health insurance coverage for workers and their families when they change or lose their jobs. The Administrative Simplification provisions in Title II authorized the Secretary of the U.S. Department of Health and Human Services (DHHS) to promulgate standards for electronic health data transactions. The Secretary is also authorized to promulgate standards for the privacy of individually identifiable health information if Congress does not enact health care privacy legislation by

August 21, 1999. HIPAA also requires the Secretary to provide Congress with recommendations for legislation to protect the confidentiality of health care information.

The Secretary submitted such recommendations to Congress on September 11, 1997, but Congress did not pass such legislation within its self-imposed deadline. DHHS published a proposed rule setting forth privacy standards for individually identifiable health information on November 3, 1999 (64 # FR 59918). After reviewing and considering the public comments, DHHS issued a final rule (65 FR 82462) on December 28, 2000, establishing “Standards for Privacy of Individually Identifiable Health Information (‘Privacy Rule’),” which became effective on April 14, 2001. DHHS issued final modifications to the Privacy Rule on August 14, 2002 (67 FR 53182), which became effective October 14, 2002.

The Privacy Rule applies only to “covered entities,” which are defined as ‘health plans, health care clearinghouses, and health care providers who conduct certain financial and administrative transactions electronically.’ (Covered entities have until April 2003 to comply, although they may comply prior to that date.) In contrast, the Ombudsman Program applies to long-term care facilities but not to health plans, health care clearinghouses or health providers other than long-term care facilities.

The Privacy Rule standards apply to nursing homes but not to board and care, assisted living and similar facilities unless they are health care providers who transmit information electronically in connection with certain financial and administrative transactions. Regulations at 45 CFR 160.103 define “health care provider” as a provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. “Health care” is defined in the Rule to include “1) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and 2) the sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.”

Privacy Rule Requirements

LTCOPs Are “Health Oversight Agencies”

The regulations permit covered entities to release individually identifiable health information only with the authorization of the individual to whom the information pertains, or to the individual’s personal representative, with certain exceptions. Among the exceptions is release of information to “health oversight agencies.” Covered entities may release individuals’ records to such agencies without the authorization of the resident or his/her legal representative, to the extent permitted by law or regulation, subject to the Privacy Rule’s minimum necessary requirements. The Rule defines a “health oversight agency” as follows:

an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority,

that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant. (Section 164.501)

Section 164.512 (d) of the Rule specifies:

A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- The health care system;
- Government benefit programs for which health information is relevant to beneficiary eligibility;
- Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- Entities subject to civil rights laws for which health information is necessary for determining compliance.

Exception to health oversight activities For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

- The receipt of health care;
- A claim for public benefits related to health; or
- Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

The DHHS Office for Civil Rights (OCR), the federal agency which administers the Privacy Rule, concurs with the Administration on Aging's (AoA) determination that since LTCOPs have oversight responsibilities authorized by law for a component of the health care system, they are health oversight agencies, as defined in the Privacy Rule (see Section 164.501, cited above).

This determination hinges on LTCOPs being governmental agencies (e.g., state, territory or tribal entities) or entities "acting under a grant of authority from or contract with such public agency." This means that under HIPAA, the designated State Long-Term Care Ombudsman and ombudsman entities and representatives who are designated as part of the Office of the State Long-Term Care Ombudsman, in accordance with Section 712 (a) (1),(2) and (5) of the OAA, have the same right to access to residents' health records and other appropriate information as any other health oversight agency, including agencies that provide oversight of government programs in which health information is necessary to determine eligibility or compliance.

The following Privacy Rule provisions are also relevant to the LTCOP:

- "When using or disclosing protected health information or when requesting protected health information from another covered entity, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request." (Section 164.502(b)(1))

- A covered entity may make disclosures required by other laws. (Section 164.512 (a))
- A covered entity may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when: [m]aking disclosures to public officials that are permitted under [the health oversight provisions in] § 164.512, if the public official represents that the information requested is the minimum necessary for the stated purpose(s).” (Section 164.514(d)(3)(iii))
- A covered entity may disclose protected health information about victims of adult abuse or neglect or domestic violence. The preamble to the Privacy Rule, at 65 Fed. Reg. 82527, discusses disclosures under this provision to authorized government agencies and gives the example of “ombudsmen for the aging or those in long-term care facilities.” The circumstances specified in the regulations are:

☐ If disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law,

- ☐ If the victim of abuse agrees to disclosure, or
- ☐ Without the individual's agreement if the disclosure is expressly authorized by statute or regulation and either: (1) The covered entity, in the exercise of its professional judgment, believes that the disclosure is necessary to prevent serious harm to the individual or to other potential victims; or (2) if the individual is unable to agree due to incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual, and that an immediate enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure. (Section 164.512(c)) See the attachment for the full text of these sections of the Privacy Rule.

Implications of the OAA, OBRA and HIPAA Privacy Rule Requirements for LTCOP Work

1. If an ombudsman program representative has the permission of the resident or the resident’s legal representative, the facility is required, under the Federal conditions of participation for Medicare and Medicaid, to provide the ombudsman with access to the resident’s clinical records, consistent with state law.
2. The LTCOP is a “health oversight agency” under the Privacy Rule. Nursing homes and other facilities which are “covered entities” under the Privacy Rule are permitted to release residents’ records to health oversight agencies without the authorization of the resident or his or her representative, subject to the Privacy Rule’s minimum necessary requirements.
3. Since the LTCOP is a “health oversight agency,” nursing homes and other “covered entities” may, in response to appropriate ombudsman inquiries, share other information without fear of violating the Privacy Rule.
4. The OAA requires state agencies on aging to ensure that ombudsman program representatives have appropriate access to review residents’ medical and social records, if:
 - the representative has the permission of the resident or the resident’s legal representative, or
 - the resident is unable to give consent and has no legal representative, or
 - access is necessary to investigate a complaint, the resident’s legal guardian refuses permission and the ombudsman representative has reasonable cause to believe that the

guardian is not acting in the best interests of the resident and the representative obtains the approval of the State Ombudsman.

5. If, as required by the OAA, a state has ensured ombudsman access to residents' clinical records and other information through a state law, regulation or policy binding on long-term care facilities, the facility must permit ombudsman access to residents' records and other information, in accordance with the state requirements. The Privacy Rule does not affect that requirement.

HIPAA Impact on Residents' and Their Representatives' Access to Residents' Individual Clinical Files

The Privacy Rule offers the following rights to residents and their personal representatives regarding their protected health information:

The right to

- Inspect and obtain a copy of their health information; provider may charge reasonable fees for copying, postage, and preparation of a summary or explanation.
- Ask that corrections be made to their protected health information – if their request is denied, the entity must notify the resident with an explanation and must include the request, denial and additional information in the record.
- Receive written notice of privacy practices.
- Request restrictions on disclosure to particular entities and use of information.
- Accommodation of a reasonable request for alternative communication – e.g., request to use alternate mailing address.
- Receive an accounting of certain disclosures.
- File a written complaint to the Secretary of HHS or the entity without retaliation.

Resident's Representative's Access to Resident's Records

The Privacy Rule does not use the term “legal representative” (as in the OAA), but rather refers to “personal representative.” Section 164.502(g) provides that a covered entity must treat a person as a personal representative if “under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care.” The information that may be disclosed is “with respect to protected health information relevant to such personal representation.” See the attachment for this provision of the Privacy Rule.

If a family member lacks the authority quoted above, the covered entity may provide access pursuant to an authorization that meets the requirements of Section 164.508 or the transition provisions at Section 164.532(b). An authorization under 164.508 may permit access to a resident's file and may be worded to terminate upon the discharge of the patient from the facility. In addition, family members who are involved in a resident's care or payment may have access to information necessary for these purposes under 164.510(b), subject to the minimum necessary provisions in the Rule. See the attachment for these provisions of the Privacy Rule.

For additional information, please contact AoA Ombudsman Program Specialist Sue Wheaton at 202-357-3587; e-mail sue.wheaton@aoa.com

EFFECTIVE DATE: Immediately

INQUIRIES TO: State agencies should address inquiries to Regional Administrators on Aging, DHHS regional offices.

ATTACHMENT: Selected provisions of the Privacy Rule

(Signed)

Edwin L. Walker
Deputy Assistant Secretary for Policy and Programs

Selected Provisions of the Privacy Rule

Section 164.502(g), Personal Representative

(1) Standard: Personal representatives. As specified in this paragraph, a covered entity must, except as provided in paragraphs (g)(3) and (g)(5) of this section, treat a personal representative as the individual for purposes of this subchapter.

(2) Implementation specification: adults and emancipated minors. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation.

(3) Implementation specification: un-emancipated minors.... (doesn't pertain)

(4) Implementation specification: Deceased individuals. If under applicable law an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation.

(5) Implementation specification: Abuse, neglect, endangerment situations. Notwithstanding a state law or any requirement of this paragraph to the contrary, a covered entity may elect not to treat a person as the personal representative of an individual if: (i) The covered entity has a reasonable belief that: (A) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or (B) Treating such person as the personal representative could endanger the individual; and (ii) The covered entity, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

Section 164.508, Authorization Requirements

Uses and disclosures for which an authorization is required.

(a) Standard: Authorizations for uses and disclosures.

(1) Authorization required: General rule. Except as otherwise permitted or required by this subchapter, a covered entity may not use or disclose protected health information without an authorization that is valid under this section. When a covered entity obtains or receives a valid authorization for its use or disclosure of protected health information, such use or disclosure must be consistent with such authorization.

Documentation required for authorization is specified in Section 164.508 (c):

(1) A valid authorization under this section must contain at least the following elements:

- (i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
 - (ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
 - (iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure;
 - (iv) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
 - (v) A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization;
 - (vi) A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule;
 - (vii) Signature of the individual and date; and
 - (viii) If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual.
- (2) Plain language requirement. The authorization must be written in plain language.

Section 164.510, Uses and disclosures requiring an opportunity for the individual to agree or object.

A covered entity may use or disclose protected health information without the written consent or authorization of the individual as described by Sections 164.506 and 164.508, respectively, provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the disclosure in accordance with the applicable requirements of this section. The covered entity may orally inform the individual of and obtain the individual's oral agreement or objection to a use or disclosure permitted by this section.

- (a) Standard: use and disclosure for facility directories.
 - (1) Permitted uses and disclosure. Except when an objection is expressed in accordance with paragraphs (a)(2) or (3) of this section, a covered health care provider may:
 - (i) Use the following protected health information to maintain a directory of individuals in its facility:
 - (A) The individual's name;
 - (B) The individual's location in the covered health care provider's facility;
 - (C) The individual's condition described in general terms that does not communicate specific medical information about the individual; and
 - (D) The individual's religious affiliation; and
 - (ii) Disclose for directory purposes such information:
 - (A) To members of the clergy; or
 - (B) Except for religious affiliation, to other persons who ask for the individual by name.
 - (2) Opportunity to object. A covered health care provider must inform an individual of the protected health information that it may include in a directory and the persons to whom it may disclose such information (including disclosures to clergy

of information regarding religious affiliation) and provide the individual with the opportunity to restrict or prohibit some or all of the uses or disclosures permitted by paragraph (a)(1) of this section.

(3) Emergency circumstances.

(i) If the opportunity to object to uses or disclosures required by incapacity or an emergency treatment circumstance, a covered health care provider may use or disclose some or all of the protected health information permitted by paragraph (a)(1) of this section for the facility's directory, if such disclosure is:

(A) Consistent with a prior expressed preference of the individual, if any, that is known to the covered health care provider; and

(B) In the individual's best interest as determined by the covered health care provider, in the exercise of professional judgment. (ii) The covered health care provider must inform the individual and provide an opportunity to object to uses or disclosures for directory purposes as required by paragraph (a)(2) of this section when it becomes practicable to do so.

(b) Standard: uses and disclosures for involvement in the individual's care and notification purposes.

(1) Permitted uses and disclosures.

(i) A covered entity may, in accordance with paragraphs (b)(2) or (3) of this section, disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the protected health information directly relevant to such person's involvement with the individual's care or payment related to the individual's health care.

(ii) A covered entity may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. Any such use or disclosure of protected health information for such notification purposes must be in accordance with paragraphs (b)(2), (3), or (4) of this section, as applicable.

(2) Uses and disclosures with the individual present. If the individual is present for, or otherwise available prior to, a use or disclosure permitted by paragraph (b)(1) of this section and has the capacity to make health care decisions, the covered entity may use or disclose the protected health information if it:

(i) Obtains the individual's agreement;

(ii) Provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection; or

(iii) Reasonably infers from the circumstances, based the exercise of professional judgment, that the individual does not object to the disclosure.

(3) Limited uses and disclosures when the individual is not present. If the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the covered entity may, in the exercise of professional

judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. A covered entity may use professional judgment and its experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.

- (4) Use and disclosures for disaster relief purposes. A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2) and (3) of this section apply to such uses and disclosure to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.

Section 164.512 Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required.

A covered entity may use or disclose protected health information without the written consent or authorization of the individual as described in Secs. 164.506 and 164.508, respectively, or the opportunity for the individual to agree or object as described in Sec. 164.510, in the situations 4 covered by this section, subject to the applicable requirements of this section. When the covered entity is required by this section to inform the individual of, or when the individual may agree to, a use or disclosure permitted by this section, the covered entity's information and the individual's agreement may be given orally.

- (a) Standard: Uses and disclosures required by law.
 - (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
 - (2) A covered entity must meet the requirements described in paragraph (c), (e), or (f) of this section for uses or disclosures required by law.
- (b) Standard: uses and disclosures for public health activities....
- (c) Standard: Disclosures about victims of abuse, neglect or domestic violence.
 - (1) Permitted disclosures. Except for reports of child abuse or neglect permitted by paragraph (b)(1)(ii) of this section, a covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:
 - (i) To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
 - (ii) If the individual agrees to the disclosure; or
 - (iii) To the extent the disclosure is expressly authorized by statute or regulation and:
 - (A) The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - (B) If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which

disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

(2) Informing the individual. A covered entity that makes a disclosure permitted by paragraph

(c)(1) of this section must promptly inform the individual that such a report has been or will be made, except if:

(i) The covered entity, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or

(ii) The covered entity would be informing a personal representative, and the covered entity reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(d) Standard: Uses and disclosures for health oversight activities.

(1) Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of:

(i) The health care system;

(ii) Government benefits programs for which health information is relevant to beneficiary eligibility;

(iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

(iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

(2) Exception to health oversight activities. For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

(i) The receipt of health care;

(ii) A claim for public benefits related to health; or

(iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

(3) Joint activities or investigations. Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) of this section.

(4) Permitted uses. If a covered entity also is a health oversight agency, the covered entity may use protected health information for health oversight activities as permitted by paragraph (d) of this section.

(e) Standard: Disclosures for judicial and administrative proceedings.

(1) Permitted disclosures. A covered entity may disclose protected health information in the course of any judicial or administrative proceeding:

(i) In response to an order of a court or administrative tribunal, provided that the covered entity discloses only the protected health information expressly authorized by such order; or

- (ii) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if:
 - (A) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iii) of this section, from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or
 - (B) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iv) of this section, from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order that meets the requirements of paragraph (e)(1)(v) of this section.
- (iii) For the purposes of paragraph (e)(1)(ii)(A) of this section, a covered entity receives satisfactory assurances from a party seeking protecting health information if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:
 - (A) The party requesting such information has made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address);
 - (B) The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; and
 - (C) The time for the individual to raise objections to the court or administrative tribunal has elapsed, and:
 - (1) No objections were filed; or
 - (2) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.
- (iv) For the purposes of paragraph (e)(1)(ii)(B) of this section, a covered entity receives satisfactory assurances from a party seeking protected health information, if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:
 - (A) The parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or
 - (B) The party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.
- (v) For purposes of paragraph (e)(1) of this section, a qualified protective order means, with respect to protected health information requested under paragraph (e)(1)(ii) of this section, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:
 - (A) Prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and
 - (B) Requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.
- (vi) Notwithstanding paragraph (e)(1)(ii) of this section, a covered entity may disclose protected health information in response to lawful process described in paragraph (e)(1)(ii) of this section without receiving satisfactory assurance under paragraph (e)(1)(ii)(A) or

(B) of this section, if the covered entity makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of paragraph (e)(1)(iii) of this section or to seek a qualified protective order sufficient to meet the requirements of paragraph (e)(1)(iv) of this section.

(2) Other uses and disclosures under this section. The provisions of this paragraph do not supersede other provisions of this section that otherwise permit or restrict uses or disclosures of protected health information.

(f) Standard: Disclosures for law enforcement purposes. A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met, as applicable.

(1) Permitted disclosures: Pursuant to process and as otherwise required by law. A covered entity may disclose protected health information:

(i) As required by law including laws that require the reporting of certain types of wounds or other physical injuries, except for laws subject to paragraph (b)(1)(ii) or (c)(1)(i) of this section; or

(ii) In compliance with and as limited by the relevant requirements of:

(A) A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

(B) A grand jury subpoena; or

(C) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

(1) The information sought is relevant and material to a legitimate law enforcement inquiry;

(2) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

(3) De-identified information could not reasonably be used.

(2) Permitted disclosures: Limited information for identification and location purposes. Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that: (i) The covered entity may disclose only the following information:

(A) Name and address; (B) Date and place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) Type of injury; (F) Date and time of treatment; (G) Date and time of death, if applicable; and (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos. (ii) Except as permitted by paragraph (f)(2)(i) of this section, the covered entity may not disclose for the purposes of identification or location under paragraph (f)(2) of this section any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

(3) Permitted disclosure: Victims of a crime. Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime, other than disclosures that are subject to paragraph (b) or (c) of this section, if: (ii) The individual agrees to the disclosure; or (iii) The covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that:

- (A) The law enforcement official represents that such information is needed to determine if a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;
- (B) The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
- (C) The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.
- (4) Permitted disclosure: Decedents. A covered entity may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death
- (5) Permitted disclosure: Crime on premises. A covered entity may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.
- (6) Permitted disclosure: Reporting crime in emergencies.
 - (i) A covered health care provider providing emergency health care in response to a medical emergency, other than such emergency on the premises of the covered health care provider, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to: (A) The commission and nature of a crime; (B) The location of such crime or of the victim(s) of such crime; and (C) The identity, description, and location of the perpetrator of such crime.
 - (ii) If a covered health care provider believes that the medical emergency described in paragraph (f)(6)(i) of this section is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, paragraph (f)(6)(i) of this section does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to paragraph (c) of this section.
- (g) Standard: Uses and disclosures about decedents.
 - (1) Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.
 - (2) Funeral directors. A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.
- (h) Standard: Uses and disclosures for cadaveric organ, eye or tissue donation purposes. ...
- (i) Standard: Uses and disclosures for research purposes....
- (j) Standard: Uses and disclosures to avert a serious threat to health or safety....
- (k) Standard: Uses and disclosures for specialized government functions....

Section 164.532, Transition Provisions

- (a) Standard: Effect of prior consents and authorizations. Notwithstanding other sections of this subpart, a covered entity may continue to use or disclose protected health information pursuant to a consent, authorization, or other express legal permission obtained from an individual

permitting the use or disclosure of protected health information that does not comply with Sections 164.506 or 164.508 of this subpart consistent with paragraph (b) of this section.

(b) Implementation specification: Requirements for retaining effectiveness of prior consents and authorizations. Notwithstanding other sections of this subpart, the following provisions apply to use or disclosure by a covered entity of protected health information pursuant to a consent, authorization, or other express legal permission obtained from an individual permitting the use or disclosure of protected health information, if the consent, authorization, or other express legal permission was obtained from an individual before the applicable compliance date of this subpart and does not comply with Sections 164.506 or 164.508 of this subpart.

- (1) If the consent, authorization, or other express legal permission obtained from an individual permits a use or disclosure for purposes of carrying out treatment, payment, or health care operations, the covered entity may, with respect to protected health information that it created or received before the applicable compliance date of this subpart and to which the consent, authorization, or other express legal permission obtained from an individual applies, use or disclose such information for purposes of carrying out treatment, payment, or health care operations, provided that:
 - (i) The covered entity does not make any use or disclosure that is expressly excluded from the a consent, authorization, or other express legal permission obtained from an individual; and
 - (ii) The covered entity complies with all limitations placed by the consent, authorization, or other express legal permission obtained from an individual.
- (2) If the consent, authorization, or other express legal permission obtained from an individual specifically permits a use or disclosure for a purpose other than to carry out treatment, payment, or health care operations, the covered entity may, with respect to protected health information that it created or received before the applicable compliance date of this subpart and to which the consent, authorization, or other express legal permission obtained from an individual applies, make such use or disclosure, provided that:
 - (i) The covered entity does not make any use or disclosure that is expressly excluded from the consent, authorization, or other express legal permission obtained from an individual; and
 - (ii) The covered entity complies with all limitations placed by the consent, authorization, or other express legal permission obtained from an individual.
- (3) In the case of a consent, authorization, or other express legal permission obtained from an individual that identifies a specific research project that includes treatment of individuals:
 - (i) If the consent, authorization, or other express legal permission obtained from an individual specifically permits a use or disclosure for purposes of the project, the covered entity may, with respect to protected health information that it created or received either before or after the applicable compliance date of this subpart and to which the consent or authorization applies, make such use or disclosure for purposes of that project, provided that the covered entity complies with all limitations placed by the consent,

authorization, or other express legal permission obtained from an individual.

- (ii) If the consent, authorization, or other express legal permission obtained from an individual is a general consent to participate in the project, and a covered entity is conducting or participating in the research, such covered entity may, with respect to protected health information that it created or received as part of the project before or after the applicable compliance date of this subpart, make a use or disclosure for purposes of that project, provided that the covered entity complies with all limitations placed by the consent, authorization, or other express legal permission obtained from an individual.
- (4) If, after the applicable compliance date of this subpart, a covered entity agrees to a restriction requested by an individual under Sec. 164.522
 - (a), a subsequent use or disclosure of protected health information that is subject to the restriction based on a consent, authorization, or other express legal permission obtained from an individual as given effect by paragraph
 - (b) of this section, must comply with such restriction.

DATE: April 3, 2003

TO: Nursing Home Administrators
Idaho Health Care Association
Bureau of Facility Standards, Health & Welfare

FROM: Idaho Commission on Aging
Office of the Ombudsman for the Elderly

SUBJECT: Ombudsman Access to Residents' Records under HIPAA Privacy Rule

In recent months, questions have been raised about the effect of the HIPAA Privacy Rule standards on access to long term care residents' records and other information by representatives of the long-term care ombudsman program. On February 4, 2003 the United States Administration on Aging issued an informational memorandum (AOA-IM-03-01) clarifying the effect of the Privacy Rule. (The Administration on Aging memorandum can be viewed in its entirety at www.aoa.gov).

The Department of Health & Human Services Office of Civil Rights is the federal agency that administers the HIPAA Privacy Rule. They concur with the Administration on Aging's determination that because the long-term care ombudsman program has oversight responsibilities authorized by law for a component of the health care system, it is considered a "health oversight agency", as defined in the Privacy Rule.

As a "health oversight agency" the Privacy Rule does not preclude release of residents' clinical records to the long-term care ombudsman with or without authorization of the resident or resident's legal representative. Also, because the long-term care ombudsman is a "health oversight agency", nursing homes and other "covered entities" may, in response to appropriate ombudsman inquiries, share other information without fear of violating the Privacy Rule. The Idaho Long-Term Care Ombudsman program provides further guidelines for access to facilities, residents, and medical and social records needed to investigate complaints. (IDAPA 15.01.03.033, Rules Governing the Ombudsman for the Elderly Program).

Lois Bauer, Administrator Cathy Hart
Idaho Commission on Aging Idaho Ombudsman for the Elderly